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ABSTRACT

The significance of family support to people in old age is explored in this book, which presents data from interviews with 23 elderly persons living in the community in Sydney, Australia. The monograph is divided into five parts. Part 1 describes the fieldwork setting and presents selected social and demographic characteristics of the interviewed persons. Part 2 examines how gender and living arrangements reinforce each other in shaping older people's expectations about care and patterns of daily activities. Part 3 discusses varieties of family support and their meanings to older people. The core of fieldwork findings is presented in this section which focuses on the concept of the availability of children's support, and on health and orientations toward self-help. In part 4, a typology is developed to illustrate orientations toward planning and preferences for future care found among the people interviewed. Part 5 summarizes the lessons learned from the life stories about older people and their care. Key findings from the study are presented in table form and highlights, such as the finding that many old people are reluctant to ask their children to help, are discussed. The appendices contain the research instruments and discuss the research methods used. (NRB)

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'We can manage'

Expectations about care and varieties of family support among people 75 years and over

Alice T. Day

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Foreword

The Australian Institute of Family Studies is pleased to publish this fascinating report, our first on any aspect of ageing. It is our first not because we felt the aged were irrelevant or unimportant, but because some excellent studies were already being done when we began as an Institute early in 1980. In particular, the Australian National University's 'Ageing and the Family Project' was in the planning stage and we felt our limited resources could best be used by cooperating and assisting that team rather than by trying to duplicate their efforts.

The ANU project included a large sample of the aged in wide-ranging interviews which have now been analyzed and published. The Institute agreed to offer a support grant for additional, in-depth interviews with some of those who are now called 'the very old' (the over 75s) living outside institutions in household situations and with little help from formal services of any kind.

Dr Alice Day felt these people presented special interests worth investigating further. As this monograph, aptly titled *'We can manage'*, reveals, they certainly did. The title captures some of the central elements of 'the ageing problem'. First, Australians do seem to want to maintain their independence to the end; close to 90 per cent of aged Australians stay in their own homes rather than move into institutional care. Second, that very independence often precludes planning or an admission of the need for help as vitality diminishes. Third, the assertion of independence is in itself a paradox because the aged rely extensively on family support and care.

The needs of the aged are essentially family concerns and there is no evidence that Australian families are 'shirking their responsibilities' for care of their elders. We often forget that each

modern, supposedly isolated and mobile 'nuclear family' is now more likely to have responsibility for aged persons than at any other time in history. This has come about through a combination of increased longevity and smaller numbers of children in families which means that, as people age, there are more three and even four-generational families than in the past but fewer offspring on which the oldest generation can rely for care. It is this very combination that makes 'the aged' a new social issue that demands policy attention.

Other elements of change also will force us to pay more attention to aged care. Families are breaking up more frequently so whose responsibility will it be to care for the grandparents (or step-grandparents)? Caring has always been regarded as a female role, and one result of this has been that 'family' support of the aged is typically a 'female' challenge. As Elaine Brody's pioneer research with three generations of American women shows, and as the ANU Ageing Project survey confirms for Australian women as well, multiple social and family changes have created 'the woman in the middle', the woman in her fifties or sixties who cares not only for her aged parents but also for her ageing husband, and often her divorced daughter and her grandchildren.

The burden is too large for one person to carry, as it is with most family-related tasks. Thus we should welcome any new initiative on the part of governments to support the aged through family-based, home-related services. Old people tell us persuasively in this report that they 'can manage', that they prefer to stay in their own homes or with family members in their homes. Clearly some level of institutional support must be provided, but viability in familiar surroundings is the major goal.

This ought to mean much more than Meals on Wheels. It could, with some flight of the imagination, involve unemployed young people in home visits, gardening and house repairs, in offering assistance to old people in ways they feel will not threaten their independence and right to privacy. The recent national survey of Australian youth by the Australian National Opinion Poll (ANOP) found 'a new traditionalism' which included the supposedly old-fashioned work ethic — young people want to earn unemployment benefits via community work and not just be given handouts. If our politicians and bureaucrats could imagine a scheme which gave sufficient funds to local councils for organizing and deploying the young so they could assist the old (or children, or the sick, or the needy, whatever their age) we might indeed see the dawn of a new consensus, and we might in doing it teach youth many of the skills they need for productive work later on in the paid labour force.

Dr Alice Day has written a sensitive and enlightening account of how very old people do 'manage' and the kinds of help they would prefer if the time comes that they are not able to manage without more extensive help. We are grateful to her and to the ANU team and to the old people who are the subjects of this work.

Don Edgar
Director
Institute of Family Studies

To ensure confidentiality for respondents and their families, all names used throughout this monograph are fictitious.

The photographs throughout the monograph illustrate some of the ways older people 'manage'. They are not photographs of respondents in the study.

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To persons 75 years of age and over:
in appreciation of your courage,
competence, and continuing contribution
to the vital process of care giving.

I am grateful to Hal Kendig and my colleagues in the Ageing and the Family Project for their encouragement and interest in this work. The Ageing and the Family Project's 'Survey of the Aged in Sydney', conducted November-December 1981, provided the opportunity, inspiration and respondents for the research with old people reported on in this monograph.

Victor Minichiello shared ideas and literature on qualitative methods in social research, and Larry Cromwell enriched my appreciation of the uses of story telling. My thanks to Susan Wells for her help in processing the first draft, and to Lincoln Day for his support and enthusiasm throughout.

Travel and fieldwork expenses in Sydney were funded by the Institute of Family Studies, and the Institute helped with the costs of processing the final manuscript. Don Edgar and the staff of the Institute have been generous with their comments and support at all stages of the study's development.

Alice T. Day

The Author

Alice Day is visiting the Population Reference Bureau, USA, as Andrew W. Mellon scholar from Canberra, Australia, where she has been conducting research with the Ageing and the Family Project, Australian National University. She joined the Ageing and the Family team in 1981 and participated in the collection of data for the 'Survey of the Aged in Sydney': door knocking, interviewing, supervising the work of six other interviewers, and editing the interview schedule. With the encouragement of the Ageing and the Family Project coordinator, Dr H. L. Kendig, she applied for funding from the Institute of Family Studies to return to talk to some of the oldest respondents in the Sydney survey. This monograph describes her research and impressions of the very old living in the community in Sydney.

After receiving her PhD degree in sociology from the Australian National University in 1978, Dr Day was employed as a consultant at the Schools Commission, developing special programs for the education of women and girls. The position grew out of work she did for her dissertation on gender differences in the ways secondary school girls and boys view their work and family roles.

Dr Day's project at the Population Reference Bureau deals with the implications of demographic trends and the lengthening of the life span for social support of the aged and the family members (mostly women) who provide the bulk of personal care. She is particularly interested in the pressures on today's modern families that limit their capacities to provide support, and in the alternatives to support provided by adult children, for example, siblings, friends and neighbours.

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Prologue

1 Introduction

Old age: two profiles

Mrs Finlayson: *Tell them we're fit and well and quite happy about it.*

Mr Finlayson: *And not ready to die yet.*

These were the parting words of Mr and Mrs Finlayson, both nearly 80 years old, when I enquired whether they had anything more to add to our four-hour interview in June 1982. At the time I saw them, they were living in the same two-room fibro cottage, '24 feet long, 12 feet wide', they had built themselves some 50 years ago. Then, unemployed and with scarcely any financial resources to fall back on, they had decided to try their luck 'in the bush', 20 miles or so south of Sydney. 'There was no buses, no trains, no water — carried it all from the creek.'

Now, five decades later, the spread of modern ranch-style houses had caught up with them, and their simple little cottage, sandwiched between the larger, more elaborate newcomers, looked like a relic from an alien past. However, although the age pension was their only source of income and between them they catalogued a dismaying assortment of physical ills (from mildly irritating leg cramps to potentially crippling rheumatoid arthritis), they described these later years as the most satisfying time of their lives. Compared to their early adult years when Mr Finlayson was employed intermittently as a car painter, was out of work for five years running during the Depression, and literally took sick with bronchitis and chest pains worrying about how to feed and clothe his family of two daughters and a son, they saw these later years as offering economic security, relaxation, and the opportunity to enjoy themselves. The age pension gave them a regular income, their daughters and son lived within easy visiting distance, and they had a variety of absorbing interests, among which were landscape painting and a passion for bowls, which they often played together. (Mr Finlayson admitted somewhat grudgingly that his wife was the better player.) After getting along most of their adult lives without a car — 'Look, a motor car was something on the horizon — might get one some day. I worked on them. I never ever owned one' — they had finally bought one. But Mr Finlayson dismissed it with a laugh and a wave of his hand: 'Most of the time it stays in the driveway. Except for going to bowls, there's no place much we want to go'.

For Mr Forbes, an 80-year-old widower of some five years who had retired on a large income accumulated over the years as a

Don Wyse

high-level executive in a large firm, life had taken quite a different course. Entering his firm at age 17 before finishing off the final university entrance examinations, he had 'done well' and risen fast to the top. He had always been comfortable financially, travelled a lot, and enjoyed a position of substantial authority.

When I talked to him he was living alone in a spacious flat on Sydney's North Shore, surrounded by handsome antiques and heirlooms from both sides of the family. However, although he said he exchanged frequent visits, outings, and meals with his son, daughter, six grandchildren and four great-grandchildren, and was involved regularly in church and bowling club activities, Mr Forbes admitted that he was finding it hard to come to terms with the loss of his wife. He also missed the stimulation he had found for so long in his work — in fact, he regarded work as his major source of life satisfaction: 'Well, my wife used to say I was wedded to my work. I must admit I did get a certain amount of satisfaction out of what I was doing'. But perhaps the most difficult aspect of ageing for Mr Forbes was his deteriorating eye-sight, a disability that he feared was progressively limiting both his capacity to get around on his own and his options for making a contribution to his family and to the community:

Well, I feel that I could be doing a lot more things if I could see. But as I can't see, I've got to do without those sort of things now. I play bowls as often as I can and that's something I can occupy my time with. I still keep a little set of books. I still run the little company — it's something that keeps me occupied. I can do it one-eyed with the glasses and a magnifier, but it's about all I can do and apart from that there's nothing much I can occupy my time with.

As compared with the Finlaysons, Mr Forbes felt that his life was becoming more and more circumscribed:

I get by as long as I can cook a meal and do a bit of shopping occasionally and get round and see the youngsters or go out and play bowls — I can't expect to do anything more. As I say, a lot of things I could do if I could see better — that's out — finish. I've got to take that, I've got to adjust myself to it, that's all there is to it. It's no use whingeing about it. That doesn't help.

Diversity among the very old

These two profiles point to the great diversity of circumstances found among that category of the aged population we refer to

broadly as the very old. Far from being a homogeneous group with similar needs and outlooks, persons 75 years of age and over are, if anything, more diverse than those in other age groups, and vary widely in terms of personal and social resources. The Finlaysons and Mr Forbes illustrate the major difficulties social researchers encounter when they try to generalize about the associations between social and demographic attributes (for example, income, health, living arrangements, family networks), and what ageing means to older people themselves (Russell, 1981). Many studies (Soldo, 1980; Americana Healthcare Corporation, 1980; Day, 1984) have found, for example, that income security is strongly associated with satisfaction in old age. But as the situations described above suggest, when it comes to the experiences of particular individuals in old age, other forces, such as loss of a confidant (Lowenthal and Haven, 1968) or failing physical capacities, may take precedence over income in colouring the meaning of ageing. Even with ample financial assets, Mr Forbes saw ageing as a gradual loss of many of the things he had held most dear, while, with a lifetime of financial insecurity behind them, the Finlaysons saw ageing as a time when they had greater access to pleasures denied them in earlier times:

Mrs Finlayson: *The Depression made my children more careful and responsible than the child that is born today. They've been through it and it made them look after what they got, didn't it?*

Mr Finlayson: *Yes, it was a good lesson for them — the Depression was a good lesson even for my age, too. We learned. We learned not to collect much in life.*

Though not discussed in detail here, these two stories also have much to tell about the variety of family settings among the aged, and the implications for the support of older members of family networks organized along different lines. Like a majority of people in their age group in Western industrialized countries (Kendig and Rowland, 1983), the Finlaysons and Mr Forbes had adult children living near by with whom they had close ties and exchanged different kinds of help. They saw these children as ready to provide loving companionship, temporary assistance with small tasks, and more extensive help over the short term in times of crisis. But these three older people had quite different notions about whether or not they could rely on their adult children for longer term, more comprehensive care. Their differ-

ences in outlook on this vital aspect of aged support were related, in turn, to their different life experiences: to ways of negotiating with their families in the past, and to the resources they could muster now to help themselves. When I asked what they would do in the event that they could no longer manage on their own, Mr and Mrs Finlayson said they would move in with one of their daughters, both of whom were widowed and living alone; Mr Forbes said he was preparing to put himself on the waiting list for hostel accommodation:

I'm not going to lodge myself on the youngsters. Look, they've got their children, they've got grandchildren — my daughter's got two granddaughters, my son's got a granddaughter and another one on the way. See, they've got their families. I'm not going to — it would be too much of a barrier. I couldn't do it.

Policy implications

Previous research (Rosenmayr, 1977; Kendig, 1983b; Day and Harley, forthcoming) has shown that the aged often express somewhat conflicting sentiments about the kind of help they would prefer. On the one hand, they wish to be as independent as possible and not rely on help from family, friends or outside community support; on the other hand, surveys show that many older people would prefer help from their kin to that from any other source. Such expectations about care have important implications for considerations about policies for the aged. A preference for independence from kin suggests the need for a high level of involvement by the State in direct support for the aged; a preference for care by relatives implies, on the other hand, that State involvement should be indirect, mediated through families instead of extended directly to the aged themselves. Of course, as the interviews described in this monograph clearly show, some of the aged are childless and do not have access to the second option. However, census and survey data suggest that most aged persons in the next two decades will have at least one surviving child with whom they are in close, regular contact (Rowland, 1983; 1984).

A qualitative, in-depth study of the kind reported on in this monograph can make two contributions to policy considerations about the aged and their family support. First, it can increase our understanding about what actually goes on in the lives of older people, and provide a vivid picture of how real families in different social settings actually go about meeting each other's needs. The wide diversity in individual circumstances among older

people makes it somewhat misleading to base assessment of the future needs for aged care chiefly on indicators of average tendencies of family support obtained from large-scale social surveys. Smaller scale, more detailed studies are needed as well, to explore and document the diversity of support networks among the very old and to describe the specific arrangements developed among families to meet their members' needs[1].

Second, a qualitative study of the aged which incorporates life course perspectives (as this one does) can increase our understanding of the possible effects of social change — change in the expectations of the aged themselves, and change in older people's likely sources of informal support, both kin and non-kin. A number of recent studies in Australia (Kinnear and Graycar, 1982; Kinnear and Rossiter, 1983; Day and Harley, forthcoming) and overseas (Brody, 1981; Horowitz, 1984) have raised doubts about the capacities of families to meet the possible future challenges in aged care, given the increasing numbers of people surviving into the very old and most vulnerable years of life, together with demographic forecasts showing changes in family size and household composition. As regards the latter, new family forms arising from the increasing rate of divorce, remarriage, and family reconstitution (Cherlin, 1981; McDonald, 1984), and changes in the demands on care-providers, such as the increasing labour force participation of women in their middle years (Brody, 1981; McLeay Report, 1982), could in time become more serious obstacles to the smooth interchange of help between the generations.

However, this is a matter for research, not conjecture. We still have little knowledge about the effects major changes in family patterns over the past will have on people now in their fifties and sixties entering their post-retirement years. In building this knowledge, persons now in their late seventies and over are a priceless resource. Their experience can yield insights into the impact of change on patterns of support within families and thus provide benchmarks against which to assess the extent to which families in the future may or may not be capable of bearing (as they now do) the major responsibility for care of their ageing members.

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2 Description of Study and Monograph

Study design

The data for this study come from qualitative, in-depth interviews with 23 old persons (13 women and 10 men) living in the community in Sydney. The fieldwork was carried out during April to June 1982. Respondents were people at least 75 years of age who had been interviewed some five months earlier in a survey of 1050 people 60 or more years of age conducted by the Ageing and the Family Project, Australian National University[2].

The earlier survey* had already collected extensive information about personal characteristics, living arrangements, family relations, and sources of support. My task was to return and talk to a small selection[3] of the oldest people in this larger sample to try to understand from another perspective their family circumstances and their feelings about growing old. The purpose of the fieldwork was to give the people who were re-interviewed a second and more extended chance to say what they thought, how they felt, and what was important to them by meeting them face-to-face and encouraging them, on their own terms and in their own words, to reconstruct the past and describe the present.

The interviews aimed to explore the significance of family support to people in old age, looking at their family relationships as part of an overall life trajectory. The old people were asked to review their lives, recalling life events and family experiences beginning with childhood and moving through young adulthood and middle life into the present time. Finally, they were asked to anticipate the future by thinking about the part family relations would play in arrangements for their future care[4].

As all those involved in this study were at least 75 years of age, these life reviews spanned an average of eight decades and involved intimate memoirs of countless relatives, living and dead. In addition to parents and children, the recollections included grandparents and great-grandparents, aunts and uncles, siblings and cousins, grandchildren and great-grandchildren. The 23 typed transcripts, each ranging from 20 to 50 pages, contained a daunting amount of personal memorabilia and information about patterns of giving and receiving support that had developed over a lifetime.

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* Throughout this monograph, the Ageing and the Family Project survey, which is entitled 'Survey of the Aged in Sydney', is referred to as the 'earlier survey' or the 'Ageing Project survey' to distinguish it from the qualitative, follow-up study.

Outline of monograph

From data collection to the analysis of findings, the follow-up study was closely connected with the larger, earlier survey. The aims and objectives of the qualitative study, the process by which respondents were selected for a second interview, and the preparations I made to interview the old people were all linked to the design and data of the earlier survey. Indeed, that survey and the qualitative, in-depth interviews reported on here can be seen as two stages of a unified research effort, using different approaches to the collection of information, and emphasizing different dimensions of the ageing process.

In conducting follow-up research of this kind, when a period of five months has elapsed from the time the participants in the study were first interviewed, the ease with which they can be located and revisited is always a question of major uncertainty. This is particularly true of the very old, who, for reasons I will enumerate later on, may be more difficult to involve in social research than persons in other age groups (see, for example, Gibson and Aitkenhead, 1983; Streib, 1983; Job, 1984). My experiences in this regard may be instructive to others who are interested in conducting in-depth studies with the very old.

The monograph opens with a general description of the setting in which I conducted the interviews. This includes both initial impressions of the older people in their homes, and notes about the methods I used to select respondents from the earlier survey.

Part 1, which describes the fieldwork setting, closes with an overview of selected social and demographic characteristics of the people re-interviewed, and a comparison of these with comparable measures for the whole sample of those 75 years of age and over interviewed earlier in the 'Survey of the Aged in Sydney'.

Part 2 examines two factors of crucial importance to the ageing experience — living arrangements and gender. By living arrangements I mean the persons with whom the older person was living at the time of the interview — whether with a spouse, family member, or on his or her own. Understanding how gender and living arrangements reinforce one another in shaping older people's expectations about care and patterns of daily activities is essential as background to the material in Part 3.

Part 3 discusses varieties of family support and their meanings to older people. It presents the core of the fieldwork findings and focuses, first, on the concept of the 'availability' of children and, second, on health and orientations toward self-help. The analysis in Part 3 draws mainly on material in the qualitative interviews. However, because a key interest of this follow-up study is in the relation between the earlier survey findings and the life stories

related by respondents on the second visit, the discussion integrates case material from the old people's recollections with data on patterns of family support collected in the earlier survey. Thus, Part 3 alternates between particular experiences and general patterns. This is done in the belief that, while the life stories of individual old people are interesting in themselves (Bertraux, 1981: 29-45), their value to social science and public policy lies in what they can contribute to a better understanding of patterns of interaction within families and the factors that enhance or detract from the quality of family life.

The analysis of family relations and patterns of family support culminates in Part 4 where a typology is developed to illustrate orientations toward planning and preferences for future care found among the people in this study.

Finally, Part 5 summarizes the lessons learned from the life stories about older people and their care. These lessons are of two kinds: (1) observations about the ways survey research and fieldwork methods can reinforce one another to yield a richer return for social enquiry, and (2) insights from the life experiences of old people in this follow-up study that might contribute to understanding the position of the aged in Australia, generally.

Presentation of interview material

Throughout, this monograph makes abundant use of verbatim quotations. Since the purpose of the study was to record older people's perceptions of their circumstances (Berger and Luckman, 1966), it seemed desirable to convey the old people's meanings in their own words. The distinctive style and character of their own language conveys their meanings far more powerfully (and faithfully) than any paraphrasing of mine would do (Cromwell, n.d.; Harré, 1983).

I have not, however, adhered throughout to a strict standard of presenting the material through the older people's own words. To deduce lessons for policy from the life stories, I have resorted quite extensively to interpretation and categorization. In Part 2, I use the interview material to support my impressions of the interactions between gender and the composition of households in which the very old live. In Part 3, I present the people interviewed as whole persons seen within the context of their life stories as told to me. In Part 4, I depart some distance from what was actually said in order to construct a typology of orientations toward long-term help among the entire set of 23 people interviewed in this study.

However, although the format of presentation varies across

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different sections, wherever possible I have tried to capture for the printed page the words and expressions the older people used to tell what was on their minds. In this way, I hope to lose as little as possible in translation.

Notes

[1] Interest in small-scale studies using qualitative methods and sometimes participant observation is gaining momentum in research on kinship networks and support exchanged between family members in different generations (see, for example, Caldwell, 1976; Marshall, 1981; Wentowski, 1981; Minichiello, 1983; Riley, 1983; Streib, 1983; Day, 1984; Day and Harley, forthcoming; Wellman and Hall, forthcoming).

[2] Results from the survey are reported in H. L. Kendig, D. M. Gibson, D. T. Rowland and J. M. Hemer, *Health, welfare and family in later life* (1983), New South Wales Council on the Ageing, Argyle Place, Sydney.

[3] The term 'selection', rather than sub-sample, is used to discourage any tendency to view respondents in this follow-up as a randomly selected cross-section of persons aged 75 years and over. As will be noted later, the respondents were selected to illustrate certain typical conditions older people experience, but the basis of this selection process was in no way random.

[4] Jan Carter, author of *Nothing to spare* (1981), has conducted qualitative interviews with the families of nine of the old people in this study. Preliminary findings are described in *Good relations and relative care: families of the elderly* (1983), Unpublished working paper, Ageing and the Family Project, Australian National University, Canberra. When completed, her study should permit useful comparisons between the perceptions of support among the old-aged, and those of family members who are primarily responsible for their care.

Part 1 **Fieldwork Setting**

1 Expectations and Impressions

'I've been fortunate'

The contribution of this fieldwork to understanding the meaning of ageing began with impressions of the old people themselves. Although I had interviewed old people earlier in the Ageing and the Family Project survey, I was not prepared for the difference in the way they would appear in the longer, less-structured encounter.

Perhaps the greatest surprise was the generally positive image this collection of old people presented of themselves and their lives. I had expected very old people living on their own to be isolated, depressed, world-weary, and coping with 'spoiled identities' (Goffman, 1963; Russell, 1981:78-83). With two exceptions (which, because they were different from the others, have much to say about the circumstances surrounding negative perceptions of ageing), my impression was quite the opposite. The old people presented themselves as individuals managing with elegance the tough transitions of later life. Although acutely aware of the uncertainty of their futures, most reviewed their lives without regret or backward glances at what might have been. They told their stories with a sense of integrity, not despair and they gave the impression of accepting their 'one and only life cycle as something that had to be and that by necessity permitted of no substitution' (Erikson, 1960:241-242). Their outlook was positive; many actually said, 'I've been fortunate' (Facey, 1981).

Elsewhere (Day, 1982:62-68), I have discussed the 'fortunate life' phenomenon as an outcome of the life-reviewing process with its possible therapeutic effects in leading to personal integration (Butler, 1963:65-76). Certainly, all the people I talked to seemed to enjoy reviewing their lives from the vivid days of early childhood to the opaque, uncertain days ahead. A number followed me out to my car, still talking, as though reluctant to break the spell.

I do not intend to trivialize the stark circumstances in which many older people in Australia spend their final years[1]. On the contrary, the difference between my impressions and those of other researchers is important because it underlines the multifaceted nature of the ageing experience and widens the range of situations from which to develop social policy congruent with people's real needs.

Research methods and presentation of self

The reasons underlying the discrepancy between what I antici-

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pated and what I found are complex. Partly, they can be traced to the persistence of stereotypes and myths about the aged from which I myself was not entirely free (for contrasting views on this issue, see Kendig, 1982; Russell, 1981:74-78). But the positive presentation can probably be attributed also to the process (starting with the earlier survey) by which the respondents came to be selected.

To begin with, participation in the earlier survey was entirely voluntary. Old people who did not wish to expose their lives to a stranger refused to open their doors, or flatly said 'no' to the request to be interviewed. These included many who were cranky, depressed, fearful, paranoid, very ill, or indifferent to the lure of a new experience offered by the chance to be interviewed. Such relatively more negative people were screened out of the earlier survey at the very start[2]. Second, the selection of people for re-interview excluded those who, according to interviewer observations (see Appendix 4), were likely to be confused, easily tired, hostile, or likely to balk at certain questions. A number of people selected for a second interview eliminated themselves from the follow-up study (when I telephoned them from Canberra) because of illness, personal or family problems, or simply lack of interest. Thus, those whose personal and social resources were especially meager were more likely to have escaped the enquiry (Streib, 1983; Job, 1984).

More important, the old people re-interviewed had one feature in common that probably contributed to the positive cast of their thinking: all were living outside institutions in household situations where they retained at least a modicum of control over their own maintenance and the determination of their own affairs. While they may not all have described themselves as 'satisfied' with their current relationships or future prospects, they did not complain about their lot, nor were they apologetic about being old. The one exception was Mrs Perkins (see Part 3) who said when I left, 'You're probably tired of talking to an old woman'.

In comparing survey and field techniques, it is important to record here that my experience interviewing in the larger survey five to six months earlier was quite different. On that occasion, some of the old people seemed let down, almost bewildered when the session came to an end. After the long battery of detailed questions, some even asked, 'Is that all?' The difference in atmosphere between the earlier and later sessions may have been due to an improvement in my interviewing skills or my greater ease in talking to older people, but I suspect that it was mainly due to the difference in the approach to data collection. After all, the survey approach is expressly designed to serve the research inter-

ests of the investigator, rather than any personal concerns of the respondent. It employs a set of highly structured, tightly controlled questions and typically addresses them to a large number of people. Interviewers are directed to monitor the pace and content of replies, and often to fit answers into precoded categories. These techniques are designed to control time and cost and, as much as possible, to standardize the interviewer-respondent relationship. Not so with the fieldwork methods in this follow-up study. Since the aim of the research was to obtain in-depth information from a small number of individuals, the timing and format of questions were left open to encourage the old persons to set their own pace and raise issues that were important to them, although, in the first instance, the significance of these issues may have eluded the investigator.

An observation of Blythe (1979:15) — 'Constantly, as one talked to the aged, one felt this struggle to say who they *are*, not just who and what they have been' — tallies with my experience. The structured format and time constraints of the earlier survey did not permit respondents to reconstruct their lives *on their own terms*. In contrast, the people I talked to warmed to the second visit because they had control over what was said and the determination of what was significant. Unlike the earlier survey structure where the questions applied to the entire range of persons 60 years of age and over, this selection of very old people were able to present themselves as unique individuals with idiosyncratic life stories and personal concerns. Engaging in a life review of their own design enabled them 'to say who they *are*, not just who and what they had been'.

Differences and commonalities

In analyzing the material gathered in this follow-up study, the task is to document the diversity found among the older people interviewed while at the same time searching for commonalities in their outlooks and experience. Both these dimensions are necessary if we are to deepen understanding of the ways family members exchange help with each other, and of how these informal helping arrangements can best be reinforced with outside services.

The persons in this follow-up study are all survivors. Although a number referred to themselves as 'just an ordinary person', their life stories show that, like Albert Facey, 83-year-old author of *A fortunate life* (1981), they are in fact extraordinary people. Born at the turn of the century, all have known two world wars, job scarcity, financial stringency, hard work (and strict adherence to

the 'Protestant work ethic' with its emphasis on hard work as a pathway to self-worth), and rustic methods of medical treatment. Most have had personal experience looking after desperately ill loved ones at home — parents, spouses, siblings, children. A number of the women had lost children in childbirth or infancy. Yet, despite their advanced years (the oldest was 89) and diminishing physical strength (several had severe functional disorders), all were living outside institutions and a majority were managing without formal services of any kind. Not only were they managing without public support, but many were reluctant to accept help even from their families. In this unflagging determination to 'do' for themselves, they are similar to members of their age group in the United States (Moen 1978:293-303) and in other urban, industrialized countries (Blythe, 1979; Rosenmayr, 1977: 132-157).

To an important extent, then, understanding the circumstances and perspectives of these special people requires that we see them in close interaction with the social and historical setting in which they accumulated their life experience (Ryder, 1965; Rosenmayr, 1981: 29-48). However, searching for similarities in no way detracts from the fact of diversity. In selecting respondents for this follow-up study, I deliberately chose a sampling design that would draw people 75 years of age and over who represented a wide variety of characteristics (see Selection procedures). Table 1 presents a profile of those interviewed by sex, age, marital status, living arrangements, condition of health, and housing tenure status.

The variety of personal and social circumstances represented in Table 1 testifies to the marked differences between the old people in this study. Nevertheless, because they were members of the same broad age cohort (Ryder, 1965:843-861) — all were born before the first 'Great War' — they also shared certain common characteristics that distinguish them both from people in other age groups, and from people of earlier and future generations in the same age group.

For one thing, their houses reflected similar interests: there were the photographs of a brother, friend or lover in World War 1 uniform, of a deceased spouse in best suit or dress, of the weddings of grandchildren or great-grandchildren; there were the grandfather clocks, a number of which had been brought out to Australia by grandparents or parents; there were the mementos associated with special friends and occasions; there were the elaborate gifts from children to commemorate the landmark birthdays — 65, 75, 80, 85.

Table 1 Persons interviewed, by sex, age, marital status, living arrangements, condition of health, and housing tenure status

Men					*Women*				
Living condition and name	*Age*	*Marital status*	*Health*	*Housing tenure*	*Living condition and name*	*Age*	*Marital status*	*Health*	*Housing tenure*
Living alone					*Living alone*				
Mr Forbes	80	Widowed	a	1	Mrs Ellis	84	Widowed	b	1
Mr Graham	78	Widowed*	a	4	Mrs Flemming	78	Widowed	b	1
Mr Gregory	77	Divorced	a	1	Mrs Ford	89	Divorced	a	3
Mr McMahon	77	Widowed	b	2	Mrs Hermann	75	Widowed	a	1
Mr O'Leary	75	Never married*	b	1	Mrs Morley	83	Widowed	a	1
					Mrs Smart	83	Widowed	b	1
					Mrs Williams	80	Widowed*	b	1
Living with spouse					*Living with spouse*				
Mr Fielding	75	Married	b	4	Mrs Finlayson	76	Married	b	1
Mr Grant	77	Married	a	1	Mrs Lindsay	77	Married	b	1
Mr Sherman	82	Married	a	1	Mrs Parsons	76	Married	a	1
Mr Skinner	79	Married	a	2	Mrs Perkins	77	Married	a	1
Living with family					*Living with family*				
Mr Henderson	81	Widowed	b	1	Mrs Andrews	82	Widowed	a	1
					Mrs Kramer	82	Widowed	b	5

* Childless

Health: (a) good/capable of self maintenance
(b) poor/needs assistance

Housing tenure: (1) owner-occupied
(2) leases from relative
(3) private renter
(4) Housing Commission flat
(5) lives in daughter's house

Note: To ensure confidentiality for respondents and their families, all names are fictitious.

The houses and flats had a similar atmosphere. They were quiet, neat and modestly furnished, unchanged down through the years. In fact, a striking feature of the lifestyle of these old-aged people is that they were no longer avid consumers (Pollitt, 1977:164). As a group, they were concentrating on consolidating, not expanding, their material assets. Many had retired more than 15 years ago and were supporting themselves entirely on the age pension. Sixteen of the 23 had lived in the same house or unit for at least ten years; nine of these for at least 20 years. Eighteen owned the house or flat they were living in. Food and rates were their main expenditures. All were outside the workforce, and their daily routines followed roughly similar, home-centred patterns.

Their recollections of the past related to the same transcendent historical events: two world wars, the Depression, and getting married and raising children in difficult economic circumstances[3]. Like Mr and Mrs Finlayson, many had experienced what Blythe (1979:15) terms 'rough starts . . . such small scraps of education, wages and possessions generally, that they feel they are ending their days in clover. "Manage" is a word they much use and having "managed" then, they manage now'. They vividly recalled hard-working parents, slim resources when setting up house, and scarcity of work during the Depression (Mr Finlayson had regularly cycled some 25 miles from his fibro cottage in the country to sell gum-tips for threepence a bundle in front of Grace Brothers' store). Their position in the social structure as old people living outside institutions gave them a broadly similar outlook on life. Their working lives behind them, they saw their horizons as limited — not by any indifference to the future on their part, but by a sense of the eclipsed time and life space remaining to them[4].

In *Coming of age*, Simone de Beauvoir (1972) defines the aged as persons who have had their innings and characterizes old age as a time when increasing frailty and shrinking power in social life deprives old people of the stake in the future that younger people see as rightfully belonging to them.

This was not my impression of the people I met. Though viewing the future with misgivings, they looked ahead with philosophical acceptance, even humour, and the strong intention to 'battle on'. In fact, the struggle to stay afloat and manage against what seemed to me, the outsider, to be increasingly desperate odds, was the very challenge that kept them going and gave them a grasp on the future. Of the five men and seven women I interviewed who were living alone, none of the women and only two of the men (both widowed within the last five years) described themselves as 'occasionally' lonely. Most of the 23 said, 'I'm not a

lonely person' (see Table 3). This is not to say that they were untroubled by thoughts about their 'finitude' (Marshall, 1980b). But as other researchers have found (Marshall, 1978;1980a;Job, 1984), their concern was with the manner of their going, not with the end of life itself. They were aware that because of their advanced years, they were vulnerable to sudden and irreversible changes in their preferred way of doing things. They seemed to fear not death, but the 'quandary of a slow motion departure' (Blythe, 1979: 20). They all shared the wish fervently voiced by Mrs Flemming, aged 78:

I am hoping that some day God will say, 'Come on, be quick'.

In the meantime, their ability to manage on their own was a crucial element in their morale and sense of identity. Mr Forbes, who, as we have seen earlier, was losing his sight, spoke for them all when he exclaimed:

When I can't do for myself here any more — well, that's the end of me — poof — full stop!

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2 Fieldwork Preparation

Integration of survey and fieldwork methods

Conducting in-depth, qualitative interviews with a selection of respondents from the earlier Ageing and the Family Project survey presented an unusually favourable opportunity to integrate and compare field and survey research methods. In Australia, as has been the case overseas, the relative merits of these two approaches has been debated by social scientists for many years (Lofland, 1971:1-9; Sieber, 1973:1335-1359; Caldwell, 1982:1-23). Students of the ageing process are no exception. The most recent to join this debate is Russell (1981) who used unstructured interviews and participant observation in her study of 45 old people, and criticizes 'the dominant perspective' on the ageing experience fostered by survey research methods.

The approach taken in this monograph is that survey and field research are not interchangeable, nor is one superior to the other. Each has special qualities that are appropriate to different kinds of investigation (Sieber, 1973:1340). The Ageing and the Family Project survey and the fieldwork described here are cases in point. The earlier survey provides extensive information about the distribution of individual characteristics and life circumstances. However, it offers little insight into other important aspects of the ageing process such as the meanings old people attach to being cared for or the strategies they use to build support in their personal relationships (Wentowski, 1981:600). A deeper understanding of older people's attitudes toward the kinds of help they need and the sources they turn to for assistance is vital to a sensitive assessment of geriatric need (Sinnett, 1982) and to the development of intervention programs that are sufficiently flexible to cater for the wide diversity of individual circumstances (Graycar, 1982; Gibson and Rowland, forthcoming). Such information can also be useful in determining how public resources can reinforce and, if necessary, substitute for family support.

Selection procedures

A primary consideration in selecting people for re-interview was to illustrate the wide diversity of individual characteristics and social arrangements represented in the earlier survey. Respondents in the follow-up study were drawn from that survey using a purposive sampling framework. The main criteria adopted were gender, a diversity of living arrangements, and a variety of self-reported health conditions ranging from poor to excellent. Age

was limited to those 75 years and over[3]. This was done in order to focus on that segment of the older population for whom the issues of dependency and support are presumably of the most immediate concern (Job, 1983:369-374; Kendig, 1983c:153-174). The larger, earlier survey contained 404 such persons: 135 men and 269 women. Although women in the upper ages are much more numerous than men, both sexes were selected for re-interview in order to highlight important similarities and differences in their family circumstances and personal responses to ageing. Table 2 shows the framework used in the initial selection of respondents.

Table 2 Framework used in selecting persons aged 75 years and over from the 'Survey of the Aged in Sydney' for re-interview in the follow-up study

Good health/independent/capable of self-maintenance
• living with spouse
male
female
• living alone
male
female
Poor health/dependent/needs help with daily activities
• living with spouse
male
female
• living alone, but with close family support*
male
female
• living alone without close family support*
male
female
• living with a daughter or son
male
female

* In the initial selection of respondents from the survey, 'close family support' was taken to be indicated by having a son or daughter living within 8 kms. This was one of a number of such indicators of potential family support developed in the survey (Rowland, 1983:21-42).

The selection procedure was designed to draw from the earlier survey a sufficient number of old people in each of the cells shown in Table 2 to allow for wastage in the field — that is, refusals, failure to contact, or change in life situation (for example, serious illness or institutionalization) over the five-month period that would preclude making a second call. The number of refusals and reasons for failure to make a second contact are discussed in

Appendix 1. Originally the target was set at 12, but this number was doubled after experience in the field demonstrated, first, that it was possible to contact very old people who were willing and able to participate in a second in-depth, taped interview and, second, that more interviews were desirable to reflect the extraordinary variety of individual circumstances found among men and women in the very old age category.

Pitfalls of fieldwork design

In a number of instances an individual selected in Canberra to fill a particular cell (as shown in Table 2) had, in the light of fresh insights obtained in Sydney, to be shifted to another cell. For example, some persons who seemed from the earlier survey to be 'dependent' and in need of help (see Mr Graham, Part 3) were, in terms of their own standards and expectations, managing quite well. Others, who appeared from the survey to be in good health and managing well in their current arrangements (see Mrs Kaufman, Part 2) were, from what they said in the follow-up study, relying heavily on others and feeling quite lost. This discrepancy in impressions between the first and second interviews may have been due to changes that had occurred in the interval between the two contacts. But more often it seemed due to a difference between the way the older person's situation appeared when filtered through the medium of the survey schedule, and the way it appeared when meeting the older persons face-to-face and hearing from them how they felt.

This asymmetry between impressions from the earlier survey and from the in-depth, follow-up interviews underlines the crucial importance of taking into account older people's own perspectives in any formal assessment of appropriate arrangements for their care. It is not that survey findings are inaccurate. Rather, older people's own views about their circumstances can reveal another dimension of reality — one that differs quite substantially from that afforded by answers slotted into precoded categories by survey interviewers.

An additional pitfall encountered in the fieldwork was locating people to fill certain of the cells in Table 2. The lower longevity among men as compared with women and gender differences in marital patterns (see Part 2) meant that in some of the categories of living arrangements (namely, living alone and living with family) there were many fewer men to choose from. As well, men without spouses are more likely than are women in comparable circumstances to end up in nursing homes, and less likely to be found living in the community with adult children (Rowland, 1982:234).

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People (women as well as men) living with families were particularly hard to contact. Frequently, a family member would not allow the old person living with them contact on the grounds that he or she was 'not up to' or 'not interested in' speaking with strangers. Thus, among those living with families, there was a kind of 'family filter' that was intended to shield the old person from outside intrusion. In fact, the number in the follow-up study was 23 instead of 24 because I was unable to locate a second man living with family to match the two women living in this arrangement that I managed to contact.

Women living alone, in poor health and without close family support were also difficult to involve in a second interview (Harrison, 1982)[6]. Unfortunately, this is one of the most vulnerable groups among the aged, and one we need to learn more about in order to improve delivery of services to those in greatest need (McLeay Report, 1982; Kendig, 1983c:153-174; Streib, 1983).

Conduct of interviews

The approach taken in the interviews lies between the structured format typical of large-scale, quantitative surveys and the unstructured, open-ended form of inquiry (often combined with participant observation) characteristic of the anthropological approach.[7] This hybrid approach was dictated partly by time and personal resources, and partly by the nature of the research interests themselves. I conducted all the interviews myself, and my contact with the old people was confined to a single session which lasted from two to five hours. I engaged in participant observation only to the extent that I made mental notes about the homes and surroundings of the people I visited. However, it is important to remember that this was the second of two lengthy encounters. Five months earlier, all the respondents had spent from one-and-a-half to two hours providing detailed information about themselves for the larger survey. They saw the second interview as an extension of the first. If it was to make sense to them the follow-up interview had to cover new ground and use a different approach. With but one exception, I was not the same person who had interviewed them previously. Nonetheless, they assumed that I knew what had been covered in that earlier session. What I did not know, of course, were the changes that had occurred in their lives over the period between the two visits. A factor of life change was thus built into the research design by the half-year interim between the two visits.

Two or three hours' preparation were required to integrate information from the earlier survey into a separate interview

guide to be used with each respondent. When I arrived at their homes I knew the names of their children, the deaths of people close to them, the progress of convalescence after a major operation, how they felt about retirement, and when they had last moved house. However, when we sat down to talk I generally abandoned the interview guide altogether and let the old person set the course. Thus while preparation for the interviews anticipated considerable guidance, in practice our sessions followed the open, free-flowing style favoured in the symbolic interactionist approach (Marshall, 1980a:345-358). However, I explored the basic themes I was interested in with each person, although not in the same order or in the same depth. Mainly, I guided them in presenting the image of themselves that they wanted to go down in the record[8].

The fact that the proceedings were tape recorded was an important aspect of the interview situation. Not one of the 23 objected; not one raised the issue of confidentiality. Occasionally, they would ask, 'Is that *thing* still on?' But it seemed to make little difference[9]. Occasionally, they asked me to turn '*it*' off if, for example, they wanted to refer by name to a person of their acquaintance whom they saw as being in a compromising position, or if they were describing a distressing physical symptom associated with an illness. Early in the fieldwork, I detected the tendency to treat the interview as an opportunity to make a public testament and, thereafter, I encouraged rather than discouraged this tendency. I usually closed the session with a statement such as:

Now, before we finish I want to make sure we have covered everything that is important to you about your life and point of view.

The realization that this was the final chance to have their say often prompted another train of thought that seemed frequently to crystallize what was most important to them. Mr and Mrs Finlayson's parting shot: 'Tell them we're fit and well, and quite happy about it — and not ready to die yet', was in response to this final cue.

Between the early and the later interviews, I learned to be more direct about asking what I wanted to know. This was particularly true with 'sensitive' issues such as whether they had thought about what would happen in the case of serious illness, disability or death. In the course of the fieldwork I learned, as Elizabeth Kubler-Ross (1969) often observed in her work on death and dying[10], that it was me (the professional) who was sensitive about confronting these issues, not them (the clients).

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3 Selected Characteristics of Older People in Study

Survey and follow-up study populations

Although respondents in the follow-up study were selected on a purposive basis, rather than on the basis of representing a cross-section of persons aged 75 years of age and over in the earlier survey, nevertheless, the two populations are similar in many important respects.

Table 3 shows a comparison of the distribution on selected characteristics of persons 75 years and over interviewed in the earlier survey, and of persons in this age group I re-interviewed five months later in the follow-up study. In comparing these distributions, it is important to note, first, that the total numbers in the two populations are widely discrepant (that is, 404 persons at least 75 years in the earlier survey as compared with 23 in the follow-up study) and, second, that I did not set out to select a sub-sample that would be representative of persons at least 75 years of age in the larger survey. The comparison is not intended as statistical support for the selection procedures, but is made to satisfy a question that may occur to some readers: how did the older people in this follow-up study compare along major social and economic lines with others in their age group in the earlier survey?

Table 3 Percentage distribution on selected characteristics of persons aged 75 years and over: population from the earlier 'Survey of the Aged in Sydney' and respondents selected from larger population for follow-up study

		Population from earlier survey (N = 404) %	*Respondents in follow-up study (N = 23)* %*
A	Marital Status		
	Never married	7	4
	Now married	35	35
	Widowed	54	52
	Divorced/separated	3	9
	Total	99	100
B	Housing tenure		
	Own outright	64	74
	Buying	1	4
	Renting	16	22

		Population from earlier survey (N = 404) %	*Respondents in follow-up study (N = 23)* %*
	Not reported	20	0
	Total	101	100
C	Weekly income before tax ($)		
	Less than 61	1	0
	61-80	40	30
	81-100	7	13
	101-115	21	22
	116-230	15	13
	231+	4	13
	Refusal, don't know, not reported	12	9
	Total	100	100
D	Age when left school		
	Never attended school	1	0
	Left before age 11	1	0
	11-12	5	0
	13-14	45	48
	15-16	31	39
	17-18	13	9
	19+	1	4
	Not reported	2	0
	Total	99	100
E	View of what most older people want to do when unable to manage on their own		
	Stay at home with outside help	60	60
	Move in with children	10	13
	Move to home for aged	19	20
	Move to nursing home	11	7
	Total	100	100
F	Morale		
	i Frequency of feeling lonely		
	Quite often	7	9
	Sometimes	29	30
	Almost never	47	61
	Don't know, not sure, refusal	17	0
	Total	100	100

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		Population from earlier survey (N = 404) %	*Respondents in follow-up study (N = 23)* %*
	ii Experienced depression in past year		
	Yes	21	22
	No	64	78
	Don't know, not sure, refusal	15	0
	Total	100	100
	iii Frequency of having time on hands		
	All the time	4	4
	Quite often	7	13
	Just now and then	23	22
	Almost never	49	61
	Don't know, not sure, refusal	17	0
	Total	100	100
G	Living arrangements		
	Living alone	38	52
	Living with spouse	29	35
	Living with son/daughter	18	13
	Other (e.g., living with spouse and others, siblings, others)	15	0
	Total	100	100
H	Number of living children		
	None	18	13
	One	24	43
	Two-three	42	35
	Four or more	16	9
	Total	100	100

* Percentages are based on information obtained from the earlier survey, not on material collected from respondents in the follow-up interviews.

Given these important caveats regarding statistical validity, Table 3 shows that the two populations are roughly comparable on marital status, age when left school, and views about the kinds of care older people prefer when they can no longer manage on their own. Some differences appear in housing tenure, income,

measures of morale, family size and living arrangements. Those selected for re-interview are slightly skewed in the direction of higher incomes, outright ownership of homes, and those claiming to be almost never lonely, to not having experienced depression over the past year or to having had time on their hands. There is a higher proportion with one child only, and a lower proportion with four or more children.

I make no claim that these discrepancies between the two populations are statistically significant or even that they are sociologically important factors that might make the views of the older people I interviewed markedly different from those of other persons 75 years of age and over who were interviewed in the earlier survey. Such claims would need to rest on further research, not on speculation. However, this comparison does suggest that those selected for the follow-up interviews were among the very old in the earlier survey who presented as having a firmer hand on the challenges of ageing. Even though on average they had fewer children, they reported less loneliness, less depression, and less time on their hands.

Distribution by living arrangements

However, there is one important difference between the two populations that is the result of intentional over-selection: the follow-up study contained a higher proportion of those who were living on their own and none in the category 'Other' (namely, living with spouse and others, siblings, and others). Different considerations were involved in this choice. For one thing, I wanted to simplify the family settings in my study by focusing on the three most prominent forms of household composition among the aged — living with spouse, living alone, living with a son or daughter. This meant eliminating persons in the 'Other' category. More important, I was particularly interested to explore the notion that persons living alone in this very old age group are subject to greater risks of dependency (defined as the risk of loneliness, poverty and social isolation) than are those living with a spouse or family member (Rowland, 1982; Day, 1984b). This meant selecting for in-depth interviews a solid number of men and women living on their own.

Part 2 goes on to consider the issues: How can the life stories of older men and women further our understanding of what it means to be lonely and dependent in old age? How do gender and the persons with whom one lives in old age reinforce one another and shape expectations about the help older people give and receive?

Notes

[1] Quite a different side (at least of being old and being female) is presented in a survey, 'For Women Over 60', sponsored by the National Women's Advisory Council (Day, 1984a). The research method and focus of the study revealed a more desperate experience of ageing than that usually found among a random sample of the population over 60. The Council invited women, particularly those living alone or caring for another person, to send in a questionnaire describing the pleasures and problems they associate with their later years. Women in these categories (the widowed, divorced, and those caring for an ill spouse or relative) are the very ones most vulnerable to the risk of isolation, poverty and public dependency (Rowland, 1982:229-247). Not unexpectedly, the survey finds that a great many older women in these categories are full of despair and struggling to maintain their pride and independence with meager financial resources and faltering physical stamina (for an in-depth, follow-up study of a selection of respondents from this survey, see Day and Harley, forthcoming).

[2] Rowland, Kendig and Jones (1984) report that the earlier survey had a response rate of 70 per cent. The authors note that an 'unexpectedly large number of respondents found through advance screening could not be contacted again. Non-contact was due mainly to temporary absences for reasons such as hospitalization, holidays, extended visits to relatives — as well as to fear of opening the door to strangers' (p. 17).

Stephen Murray-Smith's study of older Australians' recollections of early childhood (1981:73-87), 'Messages from far away', mentions many of the same sort of recollections as those mentioned by the older people I interviewed.

[4] In *Coming of Age* (1972:413), Simone de Beauvoir observes that the aged are denied hope in the future: 'Old people, even if they do believe in the future, the long-term future, do not reckon on being present when the change is brought about. Their faith does not protect them against disappointments in the present'.

[5] Persons in the upper age range were over-selected in the main survey to ensure sufficient numbers in this category. This was done by including all those 75 and over living alone who were contacted in the dwelling screening, together with one in two of all those so contacted who were living with others (Rowland, Kendig and Jones, 1984). This compares with one in four in the 60-64 age category, and one in two in the 65-74 category.

[6] Of the total of 42 people I rang on the telephone, more than half consented to an interview. Half of the 19 calls that did not eventuate in an interview were women living alone who gave ill health as one reason for refusing. In another four instances, relatives with whom the older person was living refused for her. The other seven non-contacts were due to miscellaneous reasons, such as 'going out of town', 'not interested', and no answer.

[7] For a discussion of these methods see Jones, 1978:20-36; Marshall, 1981; Russell, 1981; Caldwell, 1982.

[8] Studies that give special attention to interviewing older people include: Douglas, 1982; Job and others, 1982:7-11; Gibson and Aitkenhead, 1983:283-296.

[9] For discussions of the effects of tape recording on interviewing older people, see Jones, 1978:29; Job, 1984:12-21.

[10] Kubler-Ross (1969) views dying as a series of stages, at certain of which the dying person may be ready to talk, but is blocked from doing so by professionals who are not trained to work with the dying and are afraid to listen.

Part 2 Men and Women — Alone and Together

1 Issues

The life stories strongly suggest that gender and living arrangements are crucial factors defining older people's experience of ageing. In this they reinforce the findings of other research. Studies in Australia (Kendig, Taietz and Gibson, 1980:2) and overseas (Shanas, 1979) stress that for the aged, whose capacities to extend themselves beyond the immediate household are becoming more limited, type of living arrangements strongly colours the quality of social interaction and the conduct of daily activities. Focusing on a particularly vulnerable segment of the earlier survey sample[1], Kendig (1983a) found that whether one lived alone, with spouse, or with a family member was more influential in determining the kinds of support received than were levels of physical disability, as measured by capacity for self-help or degrees of physical mobility.

At the same time, research on the aged shows that gender plays a highly significant role in shaping expectations about help (Hess, 1980:39-59), experience with formal and informal support (Kendig, 1983a and b), and preferences about arrangements for future custodial care (see Part 4 and Day, 1984). Given the demonstrated importance of gender and living arrangements in the lives of the aged, it seems desirable to explore their influence jointly, rather than as separate entities. Do older men and older women living alone have the same kinds of experiences or do their lives differ in significant ways? How does the gender of an aged parent affect the experience of living with an adult child of the same or opposite sex? Does the gender of the care-provider affect the kind and quality of support tendered to an ailing spouse? While the life story material reported on here can only provide modest insights along these lines, abundant grounds exist for thinking such issues are worth pursuing. For the purposes of this monograph, two sources of evidence can be adduced to support this claim: (1) data from the earlier survey which show a strong association between gender, marital status and living arrangements in later life and (2) the perceptions of the older people themselves which have much to say about men and women living alone and living together.

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2 Data from 'Survey of the Aged in Sydney'

The close association between gender and living arrangements among the very old is shown in data from the earlier survey presented in Table 4. We see here that in regard to the composition of the households in which they may be living in later life, men's and women's life chances are markedly different.

Table 4 Persons aged 75 years and over by living arrangements and gender: 'Survey of the Aged in Sydney', 1982

	Women		*Men*		
Living arrangement	*Number*	*Per cent*	*Number*	*Per cent*	*Total*
Lives alone	130	48.5	23	17.2	153
Lives with spouse	36	13.4	81	60.4	117
Lives with family	58	21.6	11	8.2	69
Other*	(44)	(17.4)	(19)	(14.2)	(63)
Total	268	100	134	100	402

* Other arrangements included: Lives with spouse and others, lives with sibling(s), lives with other persons. These were not included in the selection of respondents for the follow-up study.

The proportion of women living alone is more than twice that of men, while the proportion of women living with a spouse is nearly five times less than that of men who were found to be sharing a household with a marital partner. On the other hand, the proportion of women living with a son or daughter is three times greater than that of men in this category.

Turning again to data from the earlier survey, Table 5 shows the close association between gender and marital status.

Table 5 Persons aged 75 years of age and over, by gender and marital status: 'Survey of the Aged in Sydney', 1982

	Women		*Men*		
Marital Status	*Number*	*Per cent*	*Number*	*Per cent*	*Total*
Now married	47	17.5	96	71.6	143
Never married	23	8.6	5	3.7	28
Widowed	191	71.3	26	19.4	217
Divorced	7	2.6	7	5.2	14
Total	268	100.0	134	100.0	402

Seven in ten of the men, as compared with fewer than one in five of the women, were found to be currently married; among those who were widowed, the proportion of women was nearly four times greater than that of men. These differences in marital status are themselves a consequence of gender differences in longevity, in age at marriage, and in age discrepancy between partners. The longer life span of women, their younger age at marriage, and the custom for women to marry men older than themselves combine to increase the likelihood that, in very old age, women will have lost their spouse and be living on their own. The significance of gender differences in marital status is placed in perspective by survey findings showing that, irrespective of age or physical capacities, the currently married are more likely to live in their own homes than are the never married or the widowed, a substantially higher proportion of whom live with families or in institutions (Gibson and Rowland, forthcoming). The presence of a spouse in old age (the person from whom one can most legitimately claim personal care) is thus a powerful shield against having to depend on the good will of adult children or the impersonal support of community services. In this respect, older women are far less well protected than are their male age peers. However, the life stories show that, whether male or female, being a spouse in one's late seventies or eighties may incur the risk of becoming deeply involved in providing intensive personal care — a situation for which few people of any age (much less the old and frail) are well prepared.

3 Insights from Follow-up Interviews

The life stories permit us to go beyond survey data on gender differences and look at what being a woman or a man, living alone, or with a daughter, son or spouse, means in terms of one's sense of control over one's life and one's attitudes toward giving and receiving care. In emphasizing older people's sense of control, I am following the symbolic interactionist or interpretive tradition of sociological research (Rabinow and Sullivan, 1979:1-21). Research in this tradition focuses on subjective meanings of social life, and on ways in which 'individuals seek to gain control or mastery over their situations, relationships, and institutions' (Marshall, 1980b:52). Since this study seeks to understand older people's struggles to be masters of their fate at a time when their power of self-determination is on the wane, the central concepts of meaning and control seem particularly germane. These, in combination with Goffman's theories (1963) of the relation between control and personal and social identity, form the main theoretical bases for the analysis of life review material in this study. The purpose is to look at patterns of interaction between the very old and their social and physical settings, and to generate ideas about how such patterns affect older people's sense of self and power to determine what happens to them.

Approach to data

The follow-up study matched men and women on a variety of marital statuses and living arrangements. Of the 23 respondents taking part in the study, seven women and five men lived alone, four of each gender lived with a spouse, and two women and one man lived with family. This distribution permits us to look at personal meanings of ageing and dependency in the context of six different combinations of gender and living arrangements:

Living alone	*Living with spouse*	*Living with family*
as a woman	as a wife	as a mother
as a man	as a husband	as a father

These six combinations provide a rich variety of social roles and family settings to explore in terms of their meanings to people in late life. In what follows, I have selected six old people, paired to highlight different personal and social circumstances and ways of interpreting them. First we look at two women, one living with a daughter, one living alone; next, at a man and a woman, each living with a middle-aged employed child; and finally, at a man and a woman, each living with a frail spouse who requires substantial personal care.

Living with family and living alone

Mrs Kramer Although Mrs Kramer, 82 years old and widowed 20 years, reported her health as 'good', she was the only older person I interviewed who wore a bathrobe and slippers to an early afternoon appointment: the others spruced themselves up as though for a special occasion. In the earlier survey, Mrs Kramer admitted to being depressed, said she 'quite often' had time on her hands, and that the worst thing about being 65 years of age and over was: 'Can't do what you wish to do'.

Of European origin, Mrs Kramer had migrated with her husband in the early 1960s to join two sons and two daughters who had already settled in Australia. At the time I visited her, she was living with her married daughter and family (son-in-law and two grandchildren) in what both parties appeared to take for granted as a permanent arrangement. Towards the end of the interview the daughter, a medical receptionist, returned from work in uniform and briskly entered the lounge room where we were talking. 'What's all this about? You're not using names are you?' Looking at Mrs Kramer appraisingly, she continued, 'I can see Mother's excited — her blood pressure's up. Her English isn't very good, is it?'

Prior to this, Mrs Kramer had been smiling, animated, and gaining confidence in her English as the interview progressed. After her daughter joined us she became silent, almost literally shrinking into herself in a corner of the couch.

Before migrating to Australia, Mrs Kramer had devoted herself full-time to looking after her husband and children and had never worked outside the home. On arriving in Australia she and her husband had moved in with their eldest son who was unmarried and owned a 'big house and big garden' on the outskirts of Sydney. Mrs Kramer described it as a 'wineyard with no houses anywhere around'. She had established a place for herself cooking and keeping house for the two men. The pleasant equilibrium of this arrangement was shattered two years later when her husband died, and not long afterwards her son, aged 42 years, had a massive stroke one evening while watching television with a friend, and died half an hour later in the ambulance in his fiancee's arms. Mrs Kramer's whole life changed literally overnight.

What was I to do — a pensioner? No friends . . . I was always in the house, I always speak [her native tongue].

She moved in with her eldest daughter and her status changed from wife and mother running a household for husband and son to mother living in a working daughter's home — a daughter

'caught in the middle' (Brody, 1981) between the demands of a job, rearing two children, and looking after an ageing mother. Perhaps in the early days of living with her daughter Mrs Kramer had helped with housework and child care. She said nothing about this period of her life. Now she was contributing very little, and could think of no one who made her feel needed and appreciated.

Mrs Kramer: *I wash the dishes. Nothing more. Washing on the line and take in. Nothing more. Sometimes a bit in the garden.*

Alice Day: *When did your activities begin to be limited?*

Mrs Kramer: *Well, it was when I came here. In my boy's — in my son's house, I made the cooking and all, and we had a bull!*

Alice Day: *Do you miss the other life — being in the country?*

Mrs Kramer: *Well, I can't do nothing now. I would like to be in the garden, but they have two dogs — there is no room for me . . .*

Hearing that in the follow-up study we were particularly interested in learning about the kinds of support families provide the aged, Mrs Kramer's daughter commented that it was evident that her mother was receiving the best kind of care because she lived with her family and was so healthy. But in the earlier survey Mrs Kramer said she had no friends, there was no one with whom she enjoyed sharing common activities, and that the person to whom she felt closest was her other, unmarried daughter — not the daughter in whose household she was currently living.

Mrs Williams Although concerned about declining physical stamina, and reporting her health as 'poor', Mrs Williams, a widow the same age as Mrs Kramer, nevertheless lives alone in the three-bedroom house she shared with her husband until his death over ten years ago. Childless and with her closest kin a brother living in another State, she has no family support to rely upon. However, she said she was never depressed, almost never has time on her hands, and is almost never lonely. She owns her house and is beholden to no one in making decisions about her current life style or future prospects. Having no children or close kin living near by from whom she can expect to receive personal care, Mrs Williams had decided that when her health deteriorated to the point that she could no longer look after herself she would first

call upon the local Council for support services at home, and then move to a hostel or nursing home. This would end her independence, but would be a decision she made for herself. In the meantime she was leading quite an active social life, managing on her own, and relying on friends and neighbours for help with shopping and lifts. 'Time never lags for me.' During the interview she had three phone calls from friends, and said she had made plans to go to the Opera House that evening.

Discussion The above comparison of the lives of these two women oversimplifies the complex links between life events, kinship networks, and varieties of family support. A large portion of Mrs Kramer's life story consisted of her experiences as a European, moving from country to country with five children, trying to escape war and its assault on working life and family relations. The discontinuities in her life had reduced her opportunities to accumulate the personal and social resources to bolster her bid for self determination in her later years. In fact, of all the people I talked to Mrs Kramer seemed the one with the least independent life of her own. From what she told me of her life this lack of autonomy stemmed from a combination of circumstances among the most important of which were the short period of time she had spent in Australia, a poor command of English, isolation from others on her son's property, and uncertain health which now made her dependent on her daughter's care and prevented her from initiating social activities outside the family circle. Now she was living with people who met all of her needs and left her with none of the challenges of managing on her own. She described no meaningful roles either inside or outside the family.

In contrast, Mrs Williams, the only childless woman in the follow-up study, had had opportunities to cultivate resources that would serve her well in later life. She had been employed full-time most of her adult years, and had retired only to look after her late husband when he became seriously ill. After his death she returned to work part-time, and quit only at age 75 when her own health began to fail. Employment had provided her with independent means and a circle of friends with whom she still enjoyed common activities. Although looking after her husband had seriously undermined her own health, her status after his death changed much less than Mrs Kramer's, and employment provided her with financial means, a sense of self-worth, and the resources to avoid becoming socially isolated:

My salvation, really. Yes, because it got me away from the house — it got me away from myself.

For Mrs Williams, living alone provided both the incentive and the structure for independent social involvement (Johnson and Catalano, 1981: 610-618). To a greater or lesser extent the same held true of the other six women living alone, all of whom had at least one child living near by, yet all of whom maintained a tight rein on their autonomy. Even those like Mrs Smart, 79, and Mrs Morley, 84, who both had several daughters to whom they felt very close, used living alone as a strategy to preserve domains in their lives that were kept private from their families and subject only to their private discretion.

Moreover, the majority of the 12 people I interviewed who were living alone clung to this arrangement despite protests from their families. Five of the seven widows and two of the three widowers[2] who had children living near by had been urged by their families to give up their homes and move in with them. Yet for the moment the old people would not budge. Although they did not say so in so many words, they seemed to feel that maintaining their own residence and keeping their families at bay was essential to staying active and preserving their identity intact. Of the alternatives of being alone and autonomous, or together and controlled, the former won out. Mrs Morley, a mother of five attentive daughters, had this to say:

Mrs Morley: *I could live with them tomorrow, if I wanted to. They're trying to get me to sell up the house and go live with them.*

Alice Day: *Why don't you want to do that?*

Mrs Morley: *I love my house.*

Alice Day: *Do you ever get lonely on your own?*

Mrs Morley: *Sometimes I get the pip. All I do is go in the lounge room and put the TV on and watch that.*

Alice Day: *When does the pip come on?*

Mrs Morley: *Anytime, you know, when you've finished all your work and you think, 'What the devil am I to do now?' You know that's all. That's it, and I go and watch TV.*

Living with a child of the opposite sex

The importance of home-owning in negotiations between the old and their children about arrangements for care is illustrated by

Mrs Andrews and Mr Henderson'. Their different bargaining strengths also suggest ways in which gender shapes expectations about family support and can affect control over decision making.

Both octogenarians and in frail health, Mrs Andrews and Mr Henderson owned their homes which they shared with a middle-aged, non-married child employed full-time in paid work outside the home. Both suggested that in earlier days they had not enjoyed a particularly close affectionate relationship with this child. They implied that the loss of a spouse and the drift of life events, not personal preference, had led to the arrangement.

Mrs Andrews When her son became divorced and moved back in with her Mrs Andrews did the cooking, kept house, and looked after his daily needs. A niece helped with transport and shopping. Providing 'home duties' services supplemented the leverage that accrued to Mrs Andrews's ownership of the house. Although she did not feel she could rely on her son for personal care, Mrs Andrews had not made alternative plans for having herself looked after, either. On the other hand, she clearly felt that this was her decision to make.

Mr Henderson Although Mr Henderson's unmarried daughter, with whom he was living, was heavily involved in running her own business, he nevertheless looked to her to service his needs. She did all the cooking, shopping and housework. While he owned the house, and thereby had some say in arrangements for his care, he displayed anxiety that his daughter would be unwilling to continue to cater for him should he become more incapacitated, and hinted that she might want to send him away unless he 'shaped up' and contributed more substantially to running the household.

Discussion In both these situations, gender-based expectations about roles coloured the authority wielded by the old person. Gender was also significant in determining whether or not role reversal took place. Because she was a woman (mother) providing for a man (son), Mrs Andrews, at 83, still had the authority of parent over child. No role reversal had occurred. The situation might have been different had the child been a daughter, as we have seen with Mrs Kramer. With Mr Henderson, 81, role reversal had occurred. Because she was earning her living and expected (as a woman) to provide domestic services, the daughter had assumed the role of parent. Her father had become the child. This increased her authority, diminished his, and affected the expectations of both about arrangements for his support.

Living with a spouse

Finally, we turn to men and women living together in the later years: what do they have to tell us about the effects of age and gender on marriage, and on the nature of social interaction between two people who are removed from productive employment, spend all their time in one another's company, and are experiencing a disabling decline in physical and mental capabilities?

Mrs Parsons A common tendency among couples in this advanced age group to withdraw more and more into the enclosing circle of their own company (Johnson and Catalano, 1981:610-18) is illustrated by 83-year-old Mrs Parsons:

I have quite a large circle of card friends, you see, and two or three times a week I used to play solo. I have a very nice circle of friends, everywhere, but of course as you get older they drop out, you see, and I dropped myself out because I thought — well, I'm not as keen — and they're all as keen as mustard and their brains are all going. And I don't miss it because I'm so happy with my husband. If he wasn't here, of course, then it would have been different, but I don't miss it at all.

At this age living together is likely to involve one partner (usually the wife) in providing increasingly comprehensive personal care. Although Mr Parsons, aged 92, was in excellent health, Mrs Parsons was concerned about growing signs that he was wearing down:

He just came home from doing some shopping for me and he finds now that when the bag gets a bit heavy that he's inclined to fall. So I said to him, 'Look! You'll have to give that up. You won't be able to do that'. But his brain is so active. He tends to all my business, his business and both my children's business.

As the activities of one spouse become more restricted, the more mobile partner is likely to become housebound and socially isolated. He or she may be reluctant to leave the other alone even for brief outings. After a full life that included three years in the trenches in World War 1, and an active career as a manager in a large firm, at 92, Mr Parsons is content to slow down.

Mrs Parsons: *Well, he won't go out. He's a real home bird. I like going out for a meal, but he doesn't like going out at all.*

Don Whyte

Alice Day: *Do you still get together with your friends?*

Mrs Parsons: *No. One has gone right out to Mosman, you see. I went out there a couple of times but it was, you know . . .*

Alice Day: *A terrible trip was it?*

Mrs Parsons: *Yes. I'm used to going about on my own, but I felt that was one of those things. I thought, 'Oh, it's too far to go out there'. But, around here, you see, it's just lovely.*

Mrs Parsons does not fret about her loss of outside involvement. In fact, she says she is utterly content and at peace. I asked Mrs Parsons what part of her life has given her the most satisfaction.

Mrs Parsons: *Marriage to this man here.*

Alice Day: *And do you think that the things that are important to you now in life are the same as they were when you were younger, or do you think that different things are important?*

Mrs Parsons: *Everything's a thrill. I'm happy with anything.*

When a pattern of living has evolved over as long a period as have the post-retirement marriages of many of these couples, clearly, it is hard for them to imagine that things will ever change. On one level, an aged couple may take a hard look at what the future holds. Thus, Mrs Parsons said that she and her husband had made their wills and talked to their unmarried son and daughter, who were employed in 'exciting' jobs overseas, about dividing the property equally between them. On the other hand, Mrs Parsons was unable (unwilling) to picture what she would do or what life would be like without her partner. In reply to my question, 'If something happened to your husband, have you thought about what you might do in that case?', she shifted tense from future to present, and described what life with her husband was like *now*, rather than what it might be like without him.

I'd stay here until the bitter end. I wouldn't move from here. I sit at that window. We have midday dinner always. Teatime we won't have anything else but sandwiches, you see. So we have sandwiches and coffee then I sit at the window out there and watch and that — and he's here playing his cards.

Even the possibility that they might need more help to enable them to continue to live on their own seemed difficult for her to grasp.

Alice Day: *I was just wondering if your situation changed here. What do you think you'd do, you and your husband, if it got so you couldn't manage as well as you do now?*

Mrs Parsons: *Well, we wouldn't have to. We own this unit, you see.*

Alice Day: *Could you get someone to do the shopping for you, for instance — if you were unable to?*

Mrs Parsons: *Oh, well we'd have to. But there's that little shop over the road where I get the paper and that, and it's so handy to get in the bus here and go to the Junction. There's everything there.*

Alice Day: *Is there someone who could help you if you couldn't take the bus, for instance?*

Mrs Parsons: *Well, I suppose you'd have to look around. But I was very worried about my husband today. When he came home he looked very tired. He has a bag, you see, and I work it out when I give him the list. He says, 'Now, Sally, what do you want?' Just that and that. We've always been great fruit eaters — and, of course, they're so huge, the oranges and apples and that, and the weight of them, and it wasn't terribly heavy — but the other day he fell down, down at the Junction, and I was very frightened about that. Then the other day he tripped getting off the bus, but he didn't actually fall . . .*

Alice Day: *Is there someone who could help you if he got so he couldn't get around? Is there anybody you know you could turn to to help you with that?*

Mrs Parsons: *Oh I suppose if I looked, but I'm all right, you see.*

Mr Skinner Although care giving is seen as particularly a women's role (Brody, Johnsen and Fulcomer, 1984), these follow-up interviews suggest that responsibilities for providing support to a handicapped spouse requires the same kind of roles of older men as it does of older women — nurse, housekeeper, shopper, household manager, and contact with the outside world. Mr Skinner, aged 79, and the three widowers in this study, Mr Forbes, 80, Mr Graham, 78, and Mr McMahon, 77, had all devoted themselves extensively to looking after their ailing wives. With obvious pride, each of the four informed me that, obliged by necessity, he had taken over the housekeeping chores, and 'done the lot', as well as providing his wife with the intimate care required by her illness.

Mr Skinner: *I do the lot. On a Thursday when she goes out on this trip with the Community Nurses Association I get cracking on the carpeting (it's all carpeted) — I get the vacuum cleaner. I've been right through it. I've dusted round here. She says, 'Now don't forget to dust before that lady comes'. I've scattered the dust. I did all the floors — washed the two tiled floors.*

Alice Day: *What about the cooking. Do you get help with that?*

Mr Skinner: *Do all the cooking. I'd never touched any cooking before. I left all that to* her. *I've picked it up.*

Alice Day: *Do you use a cookbook?*

Mr Skinner: *No. I don't do any fancy stuff — casseroles and plenty of vegetables.*

Eight months prior to the first interview Mr Skinner's wife had suffered a stroke, paralyzing one side of her body and reducing her speech to 'gibberish'. Mr Skinner told me 'the shock was terrible'. In the hospital he thought,

If she's going to stop like this, it's like a living death — not being able to converse.

By the time of the second interview, she had improved substantially — her speech was 'clear as a bell', and she was going on outings every fortnight with the Community Nurses Association. She still needed help with bathing and dressing, and

We do get the nurse to come round every fortnight to cut her

fingernails. Another one comes round with the chiropodist and cuts her toe nails — every two months.

The most difficult aspects for him, Mr Skinner confessed, were shopping and being housebound. But when I asked, 'Could you use any help?' he insisted that he preferred to manage on his own:

As things are I'd rather be on me own. I'm doing all right. There might be a day when some night I'll be up, but I hope it never turns up like that.

He chuckled, 'Somebody'll have to clear *me* out!' Somebody would have to pick him up off the floor, comfort him, and call a doctor just as he had done eight months before when his wife crumpled to the laundry floor with a stroke.

For his wife's sake, Mr Skinner, who reports his health as 'excellent' and values his independence highly, has turned to his neighbours for assistance. The shops are half a mile away, he has no car, and relies on neighbours to deliver the heavy items for him and his wife. In particular, he finds it too much for him to carry the bottles of lemon soda that are a favourite of his wife's. The other hardship is being confined to the house:

Mr Skinner: *The only time I get out is down the road. I like soccer, you see. I used to play soccer and I used to watch it. I used to follow the football teams and I played for [X] for years until I was in me thirties. So the local team here is St George's and they're now playing at Brighton here. So every other week, they've got a match at home and she lets me out. That's my only break — every fortnight . . .*

Alice Day: *She doesn't like to be left alone?*

Mr Skinner: *No. She's not too happy about it. But she's all right on her own now, you see. It takes me right out of meself there, you see.*

Asked if he had consulted with his two children (a son living in Sydney, and a daughter living in another State) about arrangements for his future care, Mr Skinner said that in his family they worked these things out in their minds without talking. Besides, 'What can you do? Just a case of soldiering on, isn't it? You don't know when something like this is going to happen.'

Discussion Almost all of the eight currently married respondents in this study shared a common characteristic. In the earlier

survey they said that the person they felt closest to was their spouse, and they cited their partner of a lifetime as the person who made them feel needed and appreciated. As we shall see in Part 3, the one exception, Mrs Perkins, was so deeply traumatised by 'the calamity' of her only daughter's fatal illness that she was unable to say that she was close to any one, or felt needed and appreciated by any one.

The life stories of married people in this study suggest that as couples age together interdependence and dependence become increasingly intertwined. The 30 or so years some old-aged couples have been together enables them to turn to each other for personal support without apology, shame, or anxiety about having to repay kindness received. At the same time, they become so used to each other's presence that they often lose resiliency to change, and/or any desire for autonomous activity.

4 Autonomy, Dependence and Interdependence

Excerpts from the life reviews suggest that whether one lives alone or with others is vitally important to defining the constraints and opportunities of daily lite. So, too, is gender.

Gender

While there is some evidence suggesting that the situations making for contentment in later life (good health, financial security, intimacy with at least one person, family support which is close but not too intrusive) may be similar for women and men[4], the influence of gender on the nature and quality of the support available to the aged must still be seen as substantial. As we have seen, in combination with living arrangements, gender has a crucial bearing on expectations about roles, and types of services extended and received. Ultimately, through its intervening impact on these patterns, gender influences older people's sense of mastery over the events of their lives. As just one example, Mrs Andrews and Mr Henderson were cited as illustrating the different degrees of control that may be available to mothers and fathers living with adult children of the opposite sex.

Home ownership and autonomy

Housing tenure was also seen to be a crucial element affecting older people's own assessment of their bargaining position. A number in this study expressed the view that, as long as one owned and held onto his or her home, one had both the economic resources and rights to private domain necessary to negotiate a position of independence from children or next of kin who might find some other arrangement for the old person more to their liking.

The tendency of old people in this study to see the home as the last bulwark of independence also reveals the determination many showed to 'do' for themselves. Once one opens the door to help (they seemed to imply), one runs the risk of throwing into relief the extent to which one's capacities really have deteriorated, and then the pressures to sell up and move to a situation where one can be more closely supervised are correspondingly increased.

Living arrangements and social support

In the last analysis, however, living arrangements are an especially salient determinant of older people's support systems, overshadowing the influence of particular factors in their life situa-

tion, such as gender, physical condition, or housing tenure. As compared with Mrs Williams who lived alone, Mrs Kramer, who lived with a daughter, had little room for manoeuvre. Mrs Parsons and Mr Skinner were equally circumscribed by having to look after a frail spouse whose activities were severely limited. Both, in fact, were performing the same kinds of housekeeping duties and personal services, both were virtually housebound, and neither could conceive of making plans for themselves because of their prior concern for the well-being of the 'Other' (de Beauvoir, 1972). Being placed in a position of having to provide full-time care for his wife had made Mr Skinner dependent on others for support. The carer role absorbed his discretionary time, and threatened his pride in being totally self-sufficient. His wife's unexpected seizure had made his life seem precarious, 'There may be a day when some night *I'll* be up!' (that is, it will be his turn to fall sick or die).

The qualitative interviews revealed, in fact, that the very old living with a spouse or family member may be exposed to kinds of dependency that people living alone do not incur. The term 'dependency' is used here 'in its most manifest sense, as the state of people who are "unable to exist or function satisfactorily without the aid or use of another"' (Gaylin, 1976:25-26). One consequence of this kind of dependency was described by Mrs Kramer — the loneliness of an older person living with his or her family when they feel they neither fit in nor have something useful to contribute. Another is found among married couples who survive together into very old age and become virtually unable to 'exist or function satisfactorily' one without the other. They have truly at this stage become 'One'. The illness, disability or suffering of one member of the partnership can so involve the fitter partner that it reduces her or him to the position of mere spouse. Thus, Mr Skinner, fit and strong himself, had become unsure and shakey caring for his disabled wife. He looked forward to his fortnightly excursions to soccer as an outlet to escape from a self that had become completely interwoven with the ailing 'Other': 'It takes me out of meself there, you see'.

Vulnerability and interdependence

In terms of having to take primary responsibility for long-term personal care, living with a spouse in very old age can make a person *more* vulnerable than living alone. The mutual support couples provide each other can be a joy and a boon if it shields them from early or premature institutionalization; however, it can also be a drain and a hardship if it involves one or the other in

unrelieved, exhausting care of a terminally-ill partner. Studies show that, particularly for wives, the end result of a long and happy marriage all too often is a debilitating period of prolonged care giving, which undermines their health and self-esteem, and for which they receive less than adequate assistance from family or outside services (Fengler and Goodrich, 1979; Gibson, 1984; Horowitz and Dobrof, 1982; Day, 1984a).

Living together as a couple may also be a source of vulnerability for the old-aged when it fosters an illusion of invincibility, and encourages a wait-and-see attitude towards future custodial care (see Part 4). Decisions that need to be made to ensure that one has a hand in the arrangements one prefers may be deferred until one partner dies — a time when the other partner may be too frail to make his or her preferences prevail. Among aged couples, *inter*-dependence may be so strong that, deprived of 'the other half', life may lose meaning for the surviving partner (Mr McMahon, Part 3). This is a form of dependency on another that those who live alone have either faced and come to terms with (Mrs Williams), or may never have had to confront at all (Mr O'Leary, Part 3). However, for Mrs Parsons, Mr Skinner and others in this study, such interdependence clearly had its rewards: with one accord these care givers said they felt needed and appreciated, and no less useful now, when they were getting well up in years, than they had when they were younger and more fully involved in activities outside the home.

Notes

[1] In considering various alternatives in the care of older people living in the community, Kendig (1983a:103) chose to deal only with persons aged 65 and over, excluding those aged 60-64 from the analysis. His explanation was the desire to focus on those at greater risk in terms of disability and living without a spouse, i.e., those in the older age range. The data used in this analysis also make full use of the over-sampling of persons aged 75 years of age or over (see Kendig and others, 1983, Appendix 4, p. 185).

[2] Of those living alone, two of the five men and one of the seven women were childless.

[3] Mrs Andrews and Mr Henderson are quoted at length in Part 3. Reference to verbatim material from their life stories is therefore not included here.

[4] Analyzing data from the 'Survey of the Aged in Sydney' in terms of life satisfaction and its determinants, Collette (1984) found little difference between women and men in quantitative indicators presumed to measure life satisfaction.

Part 3 Varieties of Family Support: Their Meanings to Older People

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1 Older People and their Exchange Relations

In Part 3 we move from discussion of insights into gender and living arrangements gained from older people's observations about their daily lives to discussion of the meanings older people attach to exchanging help with their families and others living in the community.

The particular and the general

Two perspectives are useful in looking at these exchange relations. One is the general patterns of family structures and varieties of social support that the Ageing and the Family Project survey found among the old people sampled earlier in Sydney; the other is the wide diversity of circumstances and meanings in the personal accounts the old people gave of themselves.

While a number of important generalizations can be made about older Australians and their support systems, it is also true that the 'aged population' encompasses a heterogeneous group with many different personal characteristics, living arrangements and family connections. The tendency among both the public at large and scholars of the ageing process has been to emphasize generalizations about the old and their world, rather than the significance of variations within the later years of life (United Nations World Assembly on Ageing, 1982). Carter (1981:1) has noted that compared with the extraordinary amount of interest in the age specific psychology and the behaviour of children and young people, very little attention has been paid to subtle distinctions between age categories in the 'post-retirement' years. Instead, the tendency has been to adopt a uniform view of the 'over sixties', with little effort being made to generate prescriptions linking categories of need with age variations within this very broad age range.

Social gerontologists now make a distinction between 'young-olds' (60-75 years of age), and 'old-olds' (75 years of age and over) (Kammerman, 1976:529-37). The latter are much more vulnerable to frailty, illness and isolation, yet even within these two age spans there are important distinctions in health, social life, and prospects for the future in terms of the capacity to manage without outside assistance (Gibson, 1983:43-70).

As the life stories reveal, old people themselves are not the only ones whose lives and circumstances change with the advancing years. As they grow older their families also are changing around them: children become middle-aged and develop health problems of their own; grandchildren leave home, marry and start families; siblings and friends of a lifetime move away, take ill and die. Thus,

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older people's family environment and sources of support are in constant flux and this affects the pool of people the aged can turn to for help, as well as their expectations about giving and receiving care. As times goes on, people's fund of family support erodes and, of course, this erosion is most acute in the lives of the very old-aged, those selected for this follow-up study.

The discussion that follows highlights provocative comparisons between particular circumstances and general patterns. Case material from the qualitative interviews will be compared with general observations about living arrangements and patterns of helping found in the earlier Ageing Project survey[1]. The life stories will be used to illustrate areas where particular life circumstances and subjective views converge with, or depart from, the typical patterns found among the larger population of old persons sampled in Sydney.

The 'modified extended family'

A major generalization about the living arrangements of older Australians today is that a majority live in their own homes with back-up support from close family members — usually a daughter or son living near by (Kendig and Rowland, 1983). Contrary to the popular view that children in modern Western societies ignore or neglect their aged parents, studies in Australia (Kinnear and Graycar 1982; Howe, 1981) and overseas (Brody, 1981; Horowitz, 1981; Horowitz and Shindelman, 1981) consistently establish the existence of strong bonds and frequent contact between the aged and their families. In fact, so consistent is this finding that a new term, 'the modified extended family', has evolved to describe this historically unprecedented system of family arrangements — a system defined by close relationships between parents and children, living in separate but interdependent households, often separated at some distance[2], but with frequent interaction between them[3]. Social gerontologists describe such relationships as 'intimacy at a distance' (Rosenmayr and Kockeis, 1968:410-426). Not only is this the most prominent pattern of arrangements found among older people and their families, it is also the arrangement which survey data find most old people believe members of their generation prefer: two-thirds of the respondents in the earlier survey thought that older people who could no longer manage on their own would prefer to stay in their own homes with outside help rather than be cared for in a hostel or nursing home.

Fifteen out of the 23 old people interviewed a second time might be seen to correspond with this typical pattern: that is, they

were maintaining separate residences and had at least one child living near by. Among the eight others who departed from this pattern, three were living in the same house with a son or daughter, three had no living children, and two were widely separated from children by geographic distance. However, upon closer familiarity with the life stories it is clear that even among the 15 whose situations appear to fit the picture of 'intimacy at a distance', there were a number of extenuating circumstances that interfered with the smooth interchange of family support. Many times the old people reported struggling to get by on their own because they believed children living near by were not readily available to help.

2 Perspectives on Family Support

The following pages present material from the interviews conducted with six of the old people in the follow-up study. These particular men and women[4] were selected to illustrate a variety of types of family support. To show the connections between life events and personal meanings of care, I have endeavoured to present the family relationships as they were described in the context of these people's whole life stories, rather than as fragments of experience unrelated to an entire life review. Preceding each life review is a short discussion of the major concepts and themes it exemplifies; following each are suggestions as to possible policy implications.

'Availability' of children

The circumstances that enhance or erode the 'availability' of children to support their parents in old age is a major theme underlying all six interviews. One of the most significant generalizations about older people and their families is that during the 20th century the potential for family support has actually been increasing (Rowland, 1983). In particular, near universal marriage and marriage at an early age, an average family size of two or three children, and declines in mortality that have extended the average length of life, have meant that a large majority of the families of older Australians now include at least one child. Survey data show that four out of five Australians 60 years and over have available to them the potential help and solace of a middle-aged daughter or son (Kendig and Rowland, 1983:2). Although a majority of older people live as married couples, the likelihood, particularly among women[5], of having a spouse declines rapidly with the advancing years. This means that the primary family relationship of the very old is much more likely to be one of parent and child than of husband and wife.

If demographic trends have fostered a numerical increase in the availability of children to the aged, what has happened to the availability of children in social terms? How prepared are middle-aged children today to care for their parents to old age? How prepared are old people to accept care from their children?

Expectations about support The likelihood of having a child to provide attention and personal care in older age is clearly not merely a matter of demographic probabilities. It also depends on social values about helping, expectations about filial responsibilities, and traditions of giving and receiving care that have evolved between parents and children over a lifetime. These forces are

complex and may lead to the creation of tension in the exchange relations between the generations. The earlier survey found, for example, that while middle-aged daughters and sons have a strong sense of filial responsibility, old people themselves often resist offers of help, preferring to muddle through somewhat inadequately on their own rather than risk (as they see it) being taken over and having things decided for them. There is abundant evidence that the system of separate households characterizing today's 'modified extended family' is supported by norms of self-help and self-reliance that are widely shared by the older generation. Surveys in Australia and overseas show, in fact, that older people tend to be ambivalent about receiving help from their families. A majority of the Ageing Project survey population clearly believe in their children's loyal attention and offers of help*; nearly all, however, also agreed that 'when the going gets tough people should rely on themselves' (Kendig and Rowland, 1983:6). Moreover, as noted in Part 2, the life stories suggest that this tenacious insistence on self-help holds true irrespective of the number of children in an old person's family or the children's demonstrated willingness to be of service.

Limits to availability What, then, are the limits to adult children's availability to care for their ageing parents? At this time when increasingly the family is being hailed as the main social unit through which care of the aged should be channelled (McLeay Report, 1982:108)', it is particularly important to look at factors that may impede the flow of support between family members.

Among the 20 out of the 23 old people I interviewed who had at least one living child, there were five who for one reason or another felt that they could not hope to rely on the parent-child relationship for support — whether in terms of affectionate companionship or assistance with daily needs. The reasons included serious illness of the child, geographic separation, family breakdown, having no daughter in the family, death of a spouse, and a past history of emotional distance (if not personal antipathy) between parent and child. In all these situations the mechanism causing unavailability was the instrusion of events that led to weakening the claims of filial responsibility for the care-giving role. In all, more than one reason was involved in eroding interdependence in the relationship.

Extensive geographic separation from children was a factor in the family situations of three of the old people I visited — a widow, a widower, and a married woman with a 92-year-old spouse. In talking about their absent children and of their feelings about being separated from them, all three alluded to aspects of the relationship (apart from physical distance) that affected their

expectations for support and their claims on filial responsibility. For all three, physical distance was only the most immediate and obvious reason making their children unavailable as sources of family care.

MRS ANDREWS
Distance and gender

For Mrs Andrews, the primary considerations regarding availability were gender and family breakdown. A widow of over five years duration, with two sons, 83-year-old Mrs Andrews was living in a modest, weather-beaten, fibro cottage she and her husband had owned for 42 years. The eldest of her two sons, a divorced father of four, had moved back in with her.

When my husband died, Bob came because his marriage had broken up. He and his ex-wife were terrible good to me.

According to Mrs Andrews, the decision to move in was her son's. She said she wouldn't have minded being on her own ('I can put up with a lot of my own company'). Mrs Andrews says the arrangement works well. Although her health is quite poor and she is unable to walk far or take public transport, a niece comes once a week and takes her shopping. When Mrs Andrews takes sick periodically and has to go to bed, her son, a high school teacher, is able to manage the shopping and housework. However, there is a deficiency in the help Mrs Andrews receives that evidently disturbs her a lot. The son who lives with her is not handy around the house, and she keenly misses the support her other son, who is working in Asia, might have provided:

The only drawback with this son — he's not a handyman by any means.

My younger son, if he was here, he'd have everything just right.

The older son does the lawns and that kind of thing but he's not a handyman by any means.

A lot of things need doing at the moment — I haven't got around to getting it done yet.

Mrs Andrews's health has deteriorated to a point where she predicts that it will not be long before she is going to need more assistance on a regular daily basis. She herself has provided extensive care in her own home to four terminally-ill relatives — her mother, both her husband's parents, and her husband. Looking after her mother for four years was a particularly harrowing experience:

Don Wynn

She was very, very ill. She used to wander around the house all night trying to get out . . . we'd have to go and get her home again from the police station. I wasn't getting any rest — I'd be up with her practically all night.

At the end, things got so bad that Mrs Andrews's two boys, about eight and twelve at the time, had to be sent away to the country with a sister-in-law:

She got dropsy in the finish. It used to take me over an hour sometimes to get her lying down — you'd lie her down she'd suffocate, and you'd have to get her up again. Then the fluid troubled — they didn't have tablets then to treat it so it came away right up her legs — her legs were like stalagtites or stalagmites — just standing out . . . I used to have to get bags to wrap around her legs at night and they'd be saturated in the morning, with the fluid. When she moved it was like a cask of water moving.

Mrs Andrews described her relationship with her mother as 'very close'. Losing her, she said, was the hardest thing in her life. The only child of her father's second marriage, Mrs Andrews spent her first 12 years on a dairy farm, '13 miles from Batemans Bay — 5 miles from our nearest neighbour and 20 miles from the nearest town'. There were no siblings or cousins, 'Only mother and father and I'. When Mrs Andrews was 12 her father developed a lump in his throat and died, 'Only mother and I left'. They sold the farm and moved into Bateman's Bay where her mother 'had boarders and things to keep the wolf from the door'. For many years, they had only each other for company: 'She was not a person who made friends easily'.

Even with this history of caring for her own parents and relatives, Mrs Andrews is adamant about not wanting to depend on her sons for this kind of support. For one thing, the breakdown of the older son's marriage makes his wife unavailable to provide assistance with day-to-day needs. Her ex-daughter-in-law is a paramedical technician, runs her own business, and looks after Mrs Andrews's four grandchildren. Although Mrs Andrews helps her out regularly with baby sitting and having the children to come to stay overnight, she does not feel her daughter-in-law has time to attend to a frail mother-in-law, as well.

The younger son's wife is better placed to help and has offered to do so:

Well, as soon as my husband died my little [Asian] daughter-in-law wanted to take me over.

However, now this daughter-in-law and her family are away living in Asia for an indefinite period. When I pressed Mrs Andrews about whether, when the younger son returned, she might consider taking up her daughter-in-law's offer, it became clear that physical separation was not the main reason for her reluctance:

Mrs Andrews: *I wouldn't allow it I don't think — unless I'm very desperate — you're intruding on their family.*

Alice Day: *They have children too?*

Mrs Andrews: *Two children.*

Alice Day: *You did that for your own mother.*

Mrs Andrews: *But still, they're not my daughters.*

Alice Day: *Oh, you think that makes a difference, do you?*

Mrs Andrews: *Oh, I think definitely it makes a difference. There's not the same feeling — of a girl for a mother-in-law as it is for a mother. It wouldn't be natural.*

Alice Day: *What about your son? You're his mother.*

Mrs Andrews: *There's a difference between sons and daughters.*

The implications of such attitudes for family support, more generally, are reflected in the Ageing Project survey findings that, 'In-law ties are much less strong than blood ties, with daughters-in-law occasionally substituting for unavailable daughters, and sons-in-law assisting wives caring for aged parents' (Kendig, 1983c:25).

Discussion The chain of reciprocal help in Mrs Andrews's family has been broken by the lack of a daughter. No amount of care giving on her part has been enough to compensate for the absence of that 'natural' bond between mother and daughter. Her sons provide instrumental help, however inadequate, but Mrs Andrews is unwilling to ask a daughter-in-law to undertake personal services that she once provided for her own mother. This is all the more true of a daughter-in-law who is divorced, works full-time, and is raising four children on her own.

Mrs Andrews's situation illustrates the importance of old people's own values and expectations in defining to whom they will turn for help.

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The very presence of a child in the family is often seen to imply that family care will be available to the aged parent. This is particularly true if the child is a daughter. Since women, by custom and convenience*, have traditionally been assigned the care-giving role, gender is an important factor in the availability of care.

In the earlier survey, fully 83 per cent of those providing informal, personal and household help to respondents were women (Kendig, 1983d:151). While Mrs Andrews and others in the follow-up interviews testified to the strength of the mother-daughter bond, this does not mean that sons shirk their filial duties. Seven of the 23 old people in the study reported on here had a son(s) and no daughter. Six of these, from their parents' own report, had close and affectionate relations with their aged mother or father and helped out when needed, particularly with shopping and transport. The seventh, Mrs Ford (described in Part 5), had separated from her husband in the first year of marriage and placed her son in a foster home. Entering full-time employment after his birth, she had little time to forge close relations with him. Nevertheless, he was the one she said she would turn to if she needed long-term personal care. Only sons (particularly if unmarried) tend to assume responsibility for ageing parents. However, this care is usually of a less comprehensive sort than that provided by a daughter, and in the case of married sons, major assistance with day-to-day needs is usually delegated to their wives (Kendig, 1983c).

Apart from the insights it offers into gender and expectations about care, Mrs Andrews's story shows that the amount and kind of care contributed by a person is no guarantee that, in return, that person will receive care and support him or herself. The rewards which accrue to care giving thus had better come from satisfaction with the role itself, rather than from providing service as a means to securing support in one's own time of need.

MR McMAHON
Distance, family break-up and limited mobility

Mr McMahon is in a similar sort of bind regarding support from his only son. Their relationship demonstrates a number of factors affecting availability, and also illustrates survey findings (Kendig and Rowland, 1983; Horowitz and Shindelman, 1981) showing that the claims of mutual support between fathers and sons tend to be weaker than those between mothers and daughters.

At 79, Mr McMahon, a widower of two and a half years, has been seriously ill, 'I've got angina and blocked arteries in my legs

which is worse'. In the interval between the earlier survey and the follow-up study, he had been in and out of hospital, and spent two weeks recuperating in a 'retirement village out in the bush'.

It's run by the Uniting Churches and it's the most marvellous place I was ever in. But it's very depressing because 50 per cent of the people are very elderly — most of them in wheel chairs — and they've got to be fed at meal times and that sort of thing.

When I talked to him he had been back less than a week in his handsomely appointed eleventh-storey unit in a modern high-rise building commanding magnificent views to the south and west of Sydney. He was still pacing himself, 'trying myself out', to see what kinds of assistance he would need, for he knows his activities will be quite limited in the future:

Well, my legs won't be right — they can't do anything with them. But my heart's getting a bit better, I think. Only through resting. I can't do anything vigorous at all.

However, he thought he could manage for a while on his own with some supplementary community services:

I think if I needed help I could get it because there's a woman coming from Meals on Wheels on Monday. The usual thing is they come and interview you and see what they've got to offer and if they can help you.

In the meantime, he was relying on 'two close neighbours' to do his shopping for him.

Mr McMahon has one child, a son who lives in Queensland. There are no other close family members near by to assist with daily maintenance. One of his two younger sisters died 'quite a while ago'; the other lives outside Sydney. He receives some financial support with his unit from a cousin:

It's owned by a cousin of mine whom I pay nominal rent. She's very good — she's a grazier in the bush and she bought this one for $39,000 and it's worth $150,000 today. It's three years old. I moved in new. The rentals here are around about $125 a week. I couldn't pay that.

Mr McMahon describes his relationship with his son as 'very close'. They keep in touch regularly by telephone, and the son came down twice from Queensland to see his father in hospital. However, Mr McMahon was quick to point out that there were

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reasons other than distance why he could not rely on his son for help on a regular basis:

His wife walked out on him. Left him with four children. He's done a good job — the two young ones — one is now twelve and the other's ten . . .

The quality of the bond between father and son may also have figured in Mr McMahon's feelings about support. Throughout the interview, he referred obliquely to the fact that there might be friction if he and his son lived in too close quarters:

Alice Day: *Have you ever thought about living with your son's family?*

Mr McMahon: *Wouldn't consider it.*

Alice Day: *Why not?*

Mr McMahon: *He's got enough problems. Then I think an elderly person living with another family is a drag on it. You always finish up discontented or have a row or something from what I can see.*

Later he enlarged on this:

I'm independent in many ways and I wouldn't put myself in the way of my son and his family. But I notice around here a lot of places being converted to, you know, granny flats . . . It means that the family is staying together but they're apart — they can run their own life. They have some independence.

Had his son asked him to live with him?

Yes, but I know that sooner or later we would clash in something and it would be a very awkward situation and I wouldn't impose myself on him, although he was grinning and bearing it. I'd rather battle it out on my own.

In lieu of family support, Mr McMahon has put himself on the waiting list for a staging unit with medical facilities available in a large apartment block going up near by:

That's at [X] — the way I like it. It's a flat. I know 90 per cent of the people who are walking along. And it's handy to all things — handy to buses and that sort of thing. But I've been on the waiting list for two years now. It's not finished yet.

In trying to explain the reasons for his strong sense of independence and reluctance to 'put myself in the way of my son and his family', Mr McMahon said that past influences might have affected his point of view:

I suppose it might go back to my own family because I had very little family life. My father died when I was 21. He died of TB of the throat. I was at sea at the time. I got home in time to see him. My mother died in 1919, so I was 15 and 21 when I lost my parents.

At 15 he left school and went away from home to become an apprentice for five years as a fitter and turner:

Mr McMahon: *I stayed in boarding houses and god knows what!*

Alice Day: *And after that?*

Mr McMahon: *Well, I went to sea for about two and a half to three years and then my father got ill and it was on the cards he was dying so I left the ship and left the sea then. And from then on I went through a series of jobs, all sorts of jobs, for about four or five years. And then I went to a local car sales place, and I was there for 18 years. From there I went to the car dealers in Mosman and I was there for five years and then I thought I'd had enough work and retired!*

Alice Day: *What was it like being at sea as a young man?*

Mr McMahon: *Very interesting because you were seeing the world for nothing and they were paying you to do it. And you always had two or three days ashore, you know, when you were in port and you'd have a good look around the cities.*

In some ways this early history, fending for himself and knocking about on his own without the anchor of family life, is reminiscent of A. B. Facey's early years. As with the author of *A fortunate life* (Facey, 1982), Mr McMahon's lonely youth seems to have been fully compensated for by a very happy marriage.

We were both members of the Balmoral Swimming Club

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down here and we got to know one another and courted for about four or five years. She went on the stage as a dancer . . . and I had several jobs — this was the time I was taking various jobs — a couple in the country — I was in Moree for two years — and she toured New Zealand a couple of times, so we had quite a broken courtship. Then I married her in 1932. That's 50 years. And we had a very very happy life. One son.

Mr McMahon's happy marriage was distressingly terminated two and a half years ago when his wife developed leukaemia. He retired to devote full-time care to her:

I would be 72 at that stage. I was still enjoying my job. My wife was very ill then and I thought it would be best to look after her.

During the final stage of the illness she needed help with all her personal needs — 'getting in and out of bed and washing and that sort of thing'. Although Mr McMahon claims that he accustomed himself to the blow before his wife died, it is clear that he still sorely misses her companionship:

Quite frankly I was very pleased when she died because she was suffering a terrible lot and there was no chance of her getting better. So I had accepted it before she went. They told me six weeks before there was no hope. Then I adjusted myself to it then. It was a shock. It still is, and then you get . . . the house is full of ghosts.

Later he remarked that throughout her illness his wife 'always had a smile'.

My wife would be the most cheerful woman you ever met. She loved a joke. She had a wonderful sense of humour. Everyone in the flats loved her here.

His wife gone, and his own activities curtailed by a weak heart and bad circulation, Mr McMahon seems quite ready to depart this life. He hints that his only concern now is to make financial provision for his son, and to ensure that his 'social remains' (Minichiello, 198?) are not an imposition:

Mr McMahon: *I haven't got much commitments — only my son, and there's provision made for him in my finances. It doesn't worry me whether I flit off tomorrow — except that I'd leave a hell of a mess.*

Alice Day: *Except what?*

Mr McMahon: *I'd leave a hell of a mess as far as, you know, cleaning up the furnishings and that sort of thing.*

Again like A. B. Facey, he concludes:

I'm not at all worried about it. I've had a good life and I'm happy with it.

Discussion Having made the decision that it would be unwise to move in with his son and grandchildren, Mr McMahon may feel that the distance separating them has become insurmountable in terms of maintaining a satisfying intimate relationship. He said that deteriorating health and unwillingness to be a burden prevented him from visiting them in Queensland as he used to do once a year before his illness. Although he talks to them frequently by phone, his increasing difficulties in getting around limit the chances for face-to-face contact. His son and grandchildren have become increasingly unavailable as sources of affective support, as well as sources of help with every-day needs.

Lacking family support close by, Mr McMahon relies on friends, neighbours, and community services and has put himself on the waiting list of a new hostel. Even in adjusting to his wife's death, he says that friends and neighbours (not family) were the people who helped most. Nevertheless, Mr McMahon's situation makes it clear that the event of severe losses, such as death of a loved spouse and rapid physical deterioration, friends and neighbours may not be a good enough substitute for family to sustain an older person's interest in living. Hence, Mr McMahon's sentiment: 'It doesn't worry me if I flit off tomorrow — except that I'd leave a hell of a mess.'

Mr McMahon puts up a brave front, but his grief for his wife, his limited physical capacities, and the separation from close family make him highly vulnerable in ensuing months to depression and social isolation. At one point, talking about approaches to care of the aged, he remarked:

The thing that appeals to me is the Eskimos — I believe when you get old they just leave you out in the ice. In 24 hours you're gone.

When I protested at this solution, he added hastily:

I was only joking. I think old age is a very sad thing that the people who have lived good lives finish up as vegetables, a lot of them.

Persons in Mr McMahon's circumstances are particularly in need of regular visits from community services like Home Help and Meals on Wheels to supplement attention from friends and neighbours, and to assess general morale, as well as providing assistance with specific maintenance needs.

Availability and the balance of support

The amount and kind of support children can, or do, provide is a crucial dimension of 'availability'. A vital consideration for anyone involved in care of the aged, whether family member or community service, is how to achieve a balance in the amount of support provided. Too much support before an aged person is 'ready' to be helped can undermine his or her self-reliance and destroy the will for self-sufficiency (Gibson and Rowland, forthcoming); too little (as seemed to be true of Mr McMahon) can endanger health and undermine morale.

In assessing the quality of available care, type of support is as critical a factor as amount of support. Here the important consideration is maintaining a balance between provision of 'instrumental assistance', such as household upkeep, transport and financial help, and provision of 'affective support', such as warmth and attention which make a person feel needed, appreciated, and loved. Some children provide both, some neither, and some, one or the other.

The two life reviews that follow illustrate the variation that exists in the balance between instrumental and affective support, and the consequences of different balances for life satisfaction and adjustment to ageing.

MR HENDERSON
Assistance without affection

The relationship of Mr Henderson and his daughter, Elizabeth, is one instance I encountered of a parent-child relationship where the primary unmet need was for emotional companionship, rather than for assistance with daily tasks. Mr Henderson, an 82-year-old widower who shares a comfortable, cheerful, three-bedroom suburban house with his unmarried daughter, is one of only four men over 75 with a living child who, in the earlier survey, answered the general question, 'Is there anyone to whom you feel close?' with a stark, 'No one'. In replying to subsequent questions about close relationships, he said he enjoyed common interests, activities and outings with a friend, and that, as between the friend and his daughter, he felt closest to his daughter. But he

did not see her as someone he could confide in, as one who knew him well as a person, or who made him feel needed and appreciated. When I inquired at the end of the follow-up interview, 'Did you tell Elizabeth I was coming?', he replied:

No I didn't. No she's not interested really. I probably will tell her I had somebody out from the Uni to interview kind of thing. She'll probably say, 'So what?' She's not interested.

It is probably not entirely coincidental that the one relationship I found involving ample provision of instrumental help, but virtually no affective support, occurred between a father and daughter, rather than between a mother and daughter or a mother and son. Data from the earlier survey suggest that, as measured by attitudes and frequency of contact, intergenerational ties are stronger between mothers and children than between fathers and children (Kendig and Rowland, 1983). Throughout the interview Mr Henderson repeatedly referred to the strong attachment between his wife and daughter and intimated that the bond between them excluded him. Concerning his daughter's business, he said:

I'm not well up in the business because she was very close to her mother and I thought it's not for me to sticky-beak. So I don't know the ins and outs.

In reference to whether he took an interest in his daughter's schooling, he commented:

Yes, but her mother did more because she became attached to her mother more than to me. I don't know why. But I can remember playing with her as a little kiddy . . .

And again, in response to my observation that he and his daughter seemed 'to keep pretty independent', he explained:

We do really. She was very close to her mother. And for some reason, I don't know why, there seemed to be a bit of a drift away from me . . .

Mr Henderson's situation also illustrates findings from the earlier survey showing that married men often maintain their family ties through their wives, but once widowed or divorced older men may drift apart from their children and other relatives (Kendig and Rowland, 1983:7). The estrangement between Mr Henderson and his daughter seems to have accelerated since the death of his wife (her mother) two years ago. The closeness of the bond between mother and daughter may have preserved a semblance of family solidarity between father and daughter as

long as Mrs Henderson was alive. But once she was gone, these bonds deteriorated rapidly. Even though living under the same roof, father and daughter communicate with one another very little. Their relationship is conducted on a formal plane, the only interaction between them taking place over matters involving instrumental help:

She cares for me, looks after my clothes and food when I'm ill. The cupboards are full of stuff . . . She does most of the shopping. I go up the road and buy bread as I want it — a loaf would last me a month almost. I give her money whenever she wants it. I put an amount aside as my housekeeping and she just picks it up. If anything happens, she wants more, she just tells me or gets something done and I notice. But if this is new I say, 'What did this cost? Do you want more money?' She says, 'Oh, it cost me $10.' So there's no trouble in money or anything like that — we get on all right.

In addition to the formal quality of these arrangements, father and daughter have separate meals. Mr Henderson explained this on the ground that his daughter's business demanded a great deal of her time:

Elizabeth gives me my breakfast in bed as a matter of convenience. She used to do that for her mother and when I came home from the hospital she used to do that and kept on because it's easier for her to give me a tray with a bit of stuff on it. I have it in bed. She has her breakfast and then nicks off to work. Whereas to have to set up a table and cook stuff makes more work. I see her in the morning and all I say is 'Thanks', when she brings it in and she always sings out, 'I'm going now' — she never just walks out. And I say, 'Good-o'. And she gets home, oh, varying hours — six o'clock, half past six, whatever time . . .

She's got to lock up and perhaps do a bit of book work and I think occasionally she might have a meal in town . . . so that I'd have my tea and she'd come home and I'd be in my room probably listening to Parliament and I mightn't see Elizabeth. She comes home, listens to the TV or reads — she's a reader — does a bit of knitting. So I hardly see her. I don't come in and have a talk to her. I might say, you know, 'How's the business hanging on?', She says, 'Oh, all right, don't worry, it's all right.' So that we're not bosom friends kind of thing.

Tension in this relationship (which never seems to have been a close one) has recently been exacerbated by Mr Henderson's increasing frailty and by the reduced rewards accruing to the care-giving role that his daughter probably finds since her mother's death. Mr Henderson is quite aware of his daughter's growing irritability and impatience:

Elizabeth is a bit disappointed in as much as I'm not able or, in her eyes, don't do things around the house that I should do. Like the sink got mucked up and it took me time to get around to getting someone, and being in business she's used to saying, 'I want this tomorrow'.

When I asked whether he thought she'd rather live on her own, he replied:

Oh, I think she's quite happy to be here but I think she gets a bit annoyed if things are not going to her liking. Now, I was washing a cup and saucer or something and I didn't put soap in it. She roused at me. I must use soap and scrub kind of thing. She hoves in and the soap suds all round! Things like that. And she kind of rouses at me as a grown-up from time to time.

Mr Henderson's relationship with his daughter illustrates very well the impact of past influences on current care giving. The seeds of the distance between them were sown a long time ago, and involve the interaction between husband and wife, as well as between mother and daughter and father and daughter. Mr Henderson presents himself as a disciplined, hard-working, upright, unsentimental man. Son of middle-class parents who were active members of a fundamentalist Christian church, he remembers that:

Mum and Dad were very strict. No playing on Sundays — couldn't play marbles even, on Sunday, and had to go to church and Sunday school. No cards, no drink, anything like that.

Church attendance for the young Mr Henderson was obligatory:

I was just carted down whether I wanted to or not.

He said relatively little about his wife, but his references to her were sufficient to suggest that they were different physically and

temperamentally. Mr Henderson is small, trim, and fit-looking. He described his wife at the time of her death as:

. . . a rather big person, heavily built, pretty high blood pressure and arthritis and goodness knows what, and her heart conked out one morning and they rushed her to Westmead and fortunately she died pretty quickly.

Before Mrs Henderson's death they occupied separate rooms and do not seem to have been especially intimate. In fact, Mr Henderson himself inferred that the quality of his relationship with his wife might in some way be responsible for the weak tie with his daughter.

My wife and I were never the lovey-dovey sloppy kind, so that there was no tight family bond between us. Nothing wrong at all — we were quite friendly.

All in all, the image Mr Henderson paints of himself is quite austere:

The chap next door would be friendly but I'm not the type that makes friends easily.

And of the neighbours on the other side, he remarked:

I can't stand a bar of them. I don't like them, and they both work, and I never see them, so I just keep out of their way.

It would be easy to conclude that the close, affective bond developed between mother and daughter to compensate for Mr Henderson's undemonstrative style. However, in this and all the 23 life reviews it is important to resist making facile explanations, based as they are on a very limited knowledge of past events. An alternative explanation (though less probable in view of the evidence) is that over the years Mr Henderson felt painfully rejected by the attachment between mother and daughter, and responded by withdrawing from affective interaction with them both. Certainly, the interview shows that he is puzzled and disturbed by his daughter's lack of response:

And for some reason, I don't know why, there seemed to be a bit of a drift away from me — no reason, no arguments, no rows, or coming home drunk and beating her up, or anything like that. But I think it was just a progression of her being in business, being dependent on herself and more or less kind of looking after her mother. She used to give her I don't know how much, but something, every week kind of

thing — not board or lodging, but as a little present to — for mum to have — the money's for her own and she had her own cheque account and little things like that which pleased her I think, and Elizabeth would come home with a nice new blouse or jumper or something like that. My wife and I were never the lovey-dovey sloppy kind, so there was no tight family bond between us. Nothing wrong at all — we were quite friendly. Just seemed to happen. She was a great reader. She'd sit here for hours and read or knit, whereas I'd go play with my stamps or muck around in the garden. There seemed to be that little drift away, somehow. I can't account for it but that is showing out a bit now.

Mr Henderson's story is striking on several counts: it illustrates a relationship in which instrumental support has entirely superseded affection in the care-giving role; it describes from the old person's perspective the sequence of events over time that have led to the current care-giving arrangement; and it suggests increasing stress in the daughter's reaction to the care-giving experience — as indicated by her 'rousing' about small matters, her apparently massive indifference to her father's interests, and her use of avoidance as a means of reducing tension between herself and the person she is duty-bound to look after.

In short, although living with her father, Mr Henderson's daughter has made herself, in most important human respects, unavailable to him. It is as though he were receiving formal home care from a stranger.

Discussion Contrary to the conventional wisdom, there is a growing body of evidence (Horowitz and Shindelman, 1981) that in most families the claims of filial responsibility *do* remain binding unto death. Even when the bonds of affection are weak, there is a powerful feeling among children that the burden of care of a frail old parent rightly belongs to them. In a study of the impact of past influence on current care giving it was observed that:

> Involvement in care-giving activities has not been found to be dependent upon strong affective bonds. Where affective relations may play more of a key role is in the *reaction* to the care-giving experience (Horowitz and Shindelman, 1981:3).

Where the bonds of affection are weak, the impact of care giving is more likely to be perceived as stressful, but assistance is provided nonetheless. The relationship between Mr Henderson and his daughter is a telling example of just such a situation.

The strength of filial bonds and the increasing demographic chances that today's old people will have a child in the family do

not alter the fact that there are many circumstances in modern life that interfere with the maintenance of interdependence between parent and child. For example, a number of studies of family support, both overseas and in Australia, have drawn attention to the increasing likelihood that the middle-aged daughters of today's older generation will be caught in the middle of competing loyalties and demands on their time. In Australia (McLeay Report, 1982:27; Kendig, 1983c) and in the United States (Brody, 1981), a rising proportion of women in their forties and fifties are employed in full-time, paid jobs. At an age when they might be expected to be available to care for a frail parent, many employed women feel torn by the conflicting interests of their husbands and children, the demands of work, and the requirements of an ageing mother or father.

Mr Henderson was the only one of the old people I visited in a position where a daughter's employment might eventually conflict with his increasing need for home care. However, several others, like Mrs Andrews, implied that their daughters-in-law had less time for care giving because they were employed:

Mrs Andrews: *Well, you feel you don't like having to depend on other people. I wouldn't like to think other people have to look after me, though they'd do it for me, because everybody has their own family and their own ways and they haven't really time to give to other people.*

Alice Day: *You think that's different now — that people have less time?*

Mrs Andrews: *I think so — there are more people working now.*

Mr Henderson's situation should caution us against romanticising about the family as necessarily the best context for care of the aged. I would argue that he was not receiving adequate care in the broad sense of affection as well as physical maintenance. On the other hand, consider his daughter's side. She was working hard and doing her best to provide for a person for whom she felt no loving bond. The absence of intimacy (which makes giving and receiving care so much harder) is a no-fault situation, the consequence of past encounters between father and daughter over a lifetime. At the moment, the arrangement gives neither any satisfaction, and they are trapped with each other with little opportunity to break away. Since the house belongs to Mr Henderson, he

Don Whyte

has the bargaining power to determine that he will stay where he is. On the other hand, he is frail and needs home care. As his only close family member and with no competing demands from a family of her own, his daughter feels bound by filial responsibility to live on with her father and serve as a substitute spouse. He supplements her income from the business with pocket money in exchange for her bringing him breakfast in bed, shopping, cleaning and preparing his tea.

Mr Henderson's description of his circumstances also shows that in assessing family support it is essential to view the family as a system. Situations in which family support appears fairly stable can change, sometimes almost literally overnight (as when Mrs Henderson suffered her heart attack), if there is a change in the membership of the household.

Had Mr Henderson died before his wife (as might have been expected from the shorter average length of life of men), there would have been hardly a ripple in the continuity of care giving. Mother and daughter would probably have continued to live together in mutually rewarding interdependence. As it is, Mrs Henderson's death has weakened the bonds that held the family together, and the care-giving relationship is painful for both father and daughter.

'Principle of substitution'

What happens when neither children nor a spouse are available in old age? Studies of family support among unmarried and childless aged in Australia (Kendig, 1983d) and the United States (Johnson and Catalano, 1981:610-617) show that a 'principle of substitution' seems to apply to the sources to whom older people turn when they need help. Couples tend to rely on each other, widows tend to rely on their children, and the childless unmarried turn for assistance to community services. These patterns suggest that when a spouse is not available children are the first resort in time of need. When children are not available the next in line as sources of support are siblings or more remote kin. From the Ageing Project survey we find that virtually all the people 60 years and over had some family member to whom they felt they could turn. Eighty per cent had living siblings and a number who had no spouse or living child cited these as alternative sources of support.

Turning to particular circumstances, the follow-up interviews show that in old age the emotional bond between siblings may be almost as close as the one between husband and wife or parent and child.

MR GRAHAM
Affection without assistance

Mr Graham and his sister share such a relationship. Seventy-nine years old and a widower of some 15 years' duration, Mr Graham is childless and has no family member near by on whom he can rely for assistance with daily tasks. The oldest of his two sisters, who was married with two daughters, died several years ago at age 84. The other sister, who is aged 82 and unmarried, suffered a stroke 18 months ago and is recuperating in an old people's hostel around the block from Mr Graham's Housing Commission flat.

Of his two nieces, the one Mr Graham feels closest to lives in Western Australia. She calls him two or three times a month, but is, of course, too far away to help with household upkeep. The other niece lives in Sydney and drops by occasionally, but, although he is vague about why, it is clear that she does not hold the same place in her uncle's regard as the niece in Western Australia.

Judy's a different type of girl to Patty altogether. But she's the sister's favourite. Judy, she is a terrific girl! She's a tester with the [X] company.

Mr Graham, who has lost one eye and has a cataract in the other, does most of his own housework. 'I've been doing it all my life now', he told me, and added with a laugh, 'I just hope this place is presentable'. In fact, since poor vision seriously limits his activities, doing the housework keeps him from getting bored, organizes his day, and provides a source of pride and satisfaction:

Mr Graham: *Friends say I'd make a good housewife.*

Alice Day: *So what do you enjoy doing with your day?*

Mr Graham: *I always find something to do. Sometimes I go and lay down and all of a sudden I get up and get a brain wave and come out and wash the floor.*

Mr Graham's eyesight is more of a disability than he lets on. He says, 'I take me life in me hands when I cross the road'. Yet he does his own shopping at the small local store up the street run by a young couple:

They know I can't see very well, you know. They come round and help me if I'm looking for something.

The only regular formal help he uses is Meals on Wheels who come five times a week. On weekends he cooks the meals for

himself and his sister who comes over regularly from the hostel. He admits that occasionally he gets Meals on Wheels to 'thread a needle for me or something', but he insists that he does not need any more help 'at the moment':

The welfare people ask me, 'Did I want anybody to come in and clean the place?' and I said, 'Oh, no. I can manage'.

Although Mr Graham has no family on whom he can rely for instrumental help, his sister provides him with abundant affective support. The 'principle of substitution' can be seen to operate here. Since Mr Graham became a widower he and his sister have shared living arrangements almost as though they were a married couple. When his wife died, on his sister's suggestion, he moved into the Housing Commission flat that up to that time she had been sharing with their mother:

And then I was down there on my own after the wife died, and then I got glaucoma in this eye and they took it out. So the sister said, 'You'd better come up here', and so I sold out there and came up and lived up here.

The bond between Mr Graham and his sister goes back to childhood ('We was always pals') and has been reinforced over the years by many exchanges of help in times of crisis. The sister took care of their mother in old age, helped out the five years when Mr Graham's wife was very ill with cancer of the bowel and kept house for him when he was widowed. Now he is looking after her. He walks up the road daily to visit her in the hostel, taking offerings of fruit juices and goodies:

Yes, I take her in an orange drink and a sandwich one day and a cut up apple and a sandwich the next day.

Asked in the earlier survey what he would do with an extra $25 a fortnight, he said he would like to get a colour TV for his sister whose eyes had been affected by the stroke. In turn, she gives him something to live for and meets his needs for companionship, giving, and social fulfillment. He receives praise and recognition from the people in the hostel for his attention to her — 'They all say I'd like to pinch your brother!'

Mr Graham feels useful and has one of the highest overall satisfaction ratings among the men I talked to in the follow-up interviews. The major concern in his life is 'going' before 'she goes':

I'd hate to think of what happened if I went first . . . I am always wishing, hoping, between the two of us, she goes first.

His concern for her takes precedence over any fears he might have for his own future:

Aw, I hope I'm still alive. [He laughs.] *I don't worry much about the future now.*

In fact, it does not seem to have occurred to him what he would do without *her* support.

Discussion Mr Graham is almost blind. He lives alone and has no close family member to provide help with day-to-day needs, such as selecting groceries from the shelf or threading a needle. One might conclude that he has a hard life.

In fact, his situation is considerably more satisfactory than that of Mr Henderson who lives with a daughter and has all his physical needs looked after. Overall measures of satisfaction in the earlier survey show this: Mr Graham scores high on all questions referring to life adjustment; Mr Henderson scores towards the lower end of the range.

What accounts for this? For the moment (and this is not to say that his situation is not precarious) Mr Graham has the best of all possible worlds. He has his independence and 'does' for himself, which, as we have seen, means a lot:

Well, I mean if you get people doing things for you, you finish up in a rut . . . sort of drop your bundle. If you are doing things for yourself — well, it helps your morale.

At the same time, he has daily access to a lifelong relative and confidante. His sister lives apart, but close enough for him to visit every day on foot. Her physical needs are attended to so he doesn't have to be concerned about that. He can get away from her free of guilt and have a life of his own, without having to be constantly in the presence of her deteriorating physical condition and mental distress (she is depressed much of the time and says she wishes she had his temperament). He likes to do a bit of gambling (which his sister doesn't approve of) and get together with his 'mate' for an occasional yarn.

Mr Graham's circumstances are instructive in terms of their implications for policies for the aged because they seem to represent a particularly felicitous balance of self-help, family support, and use of community services. Despite impaired vision, Mr Graham is able to manage most of his personal needs himself and

his occupancy of a public housing flat considerably eases the burden of maintenance — he has only the inside of his flat to attend to, and this he can handle quite well on his own. His daily contact with a beloved family member provides continuity with the past and makes him feel useful and appreciated, without him having to provide instrumental assistance for her in return. And when he has specific needs for help he can turn for assistance to community services without feeling obliged, as he would with a family member, to reciprocate with some kind of service.

This kind of mix of formal and informal care that maximizes older people's independence and control over the amount and kind of assistance they receive is a goal towards which policies for the aged might fruitfully aim.

Expectations about a daughter's care

The life reviews dramatize the fact that the availability of children to care for their aged parents is significantly affected by the expectations of the old people themselves. As we have seen, findings from the earlier survey suggest that the way the aged feel about receiving help from their children is complex — varying over time and according to their particular circumstances. While older people have a strong desire for self-reliance when they are active, confident and in control, at the same time they want to believe that help will be available from their children when they are slower, dependent, and afraid.

As with all such generalizations about old people and their families, this one contains variations of such factors as past influences, family structure, health, and the gender of the principals in the care-giving relationship. As already noted, old women in particular seem to have especially high expectations about a daughter's support, and this, in turn, is related to the quality of the bond they shared with their own mothers. The stories of Mrs Flemming and Mrs Perkins illustrate the importance of past influences in building the nature of expectations in the mother-daughter relationship. Each of these two women has only one child, a daughter; each had lost a child at birth so that the daughter was particularly precious; each described very close ties with her own mother. Each had high hopes about the availability of her daughter as a source of comfort, companionship, and assistance in her later years. For Mrs Flemming, though she is somewhat ambivalent about them, these expectations have been fully and joyfully realized; for Mrs Perkins they have been completely and cruelly unfulfilled. Mrs Flemming expressed great contentment with her life, while of the 23 people I re-interviewed,

Mrs Perkins was the only one who unequivocally expressed a sense of despair.

MRS FLEMMING
Expectations realized

Aged 79 and widowed five years, Mrs Flemming has been living alone for the past two years. Her second-floor unit in a large new garden-apartment complex is light, spacious, and attractively furnished with chinz-covered upholstered furniture, family heirlooms, hand-sewn antimacassars, and numerous photographs of her grandchildren. Mrs Flemming's family network consists of a daughter who she describes as 'very, very close', five grandchildren, the youngest of whom are 14-year-old twins, and two great-grandchildren. She has two nieces who are 'just like younger sisters to me', and numerous friends and neighbours with whom she regularly exchanges visits. Her daughter, who lives in the same suburb, telephones her daily and either visits her mother or has her over for a meal at least once a week. Her oldest granddaughter, also very attentive, visits frequently when she is home and, when her job takes her overseas, writes long letters which her grandmother shares with the neighbours.

Mrs Flemming rates her health as 'fair'. She was run over by a truck 18 months prior to the first interview. In this accident she broke several ribs, severely damaged her left leg, and was rendered unconscious. After four months' hospitalization, she went to live in her daughter's home for a period of recuperation. At the time of the first interview she had returned to her own unit and had just given up Meals on Wheels, which she had been using for a month. She says she is now able to cook again and so feels it is 'not fair of me to stay on it'. The Sunday prior to the first interview she had minded two granddaughters, prepared roast dinner for seven people, tidied up, made scones, and entertained four people to afternoon tea.

Since the accident, Mrs Flemming is finding it increasingly difficult to keep up as she used to. She relies on lifts to do her shopping, and she and her neighbours exchange small favours. Nevertheless, she is having trouble climbing the steep slopes from her unit to the main street, and carrying her groceries up two flights; taxi drivers, she says, do not offer to help, and stores do not deliver goods. Even though her neighbours are 'most generous' she hesitates to rely too much on them:

They are old women themselves, and we never know what damage we might be doing to them. That is the way I think

of it, and I think they are entitled to their lives just as much as I am.

Mrs Flemming's family is a striking example of four generations of close female kin relationships. She is the youngest of nine children whose father, a coach builder from England, drowned at age 39 just before her birth. Mrs Flemming's mother was clearly an important force in her life.

She wasn't a person to sit — well, she couldn't *sit. This happened to him and my mother just, well, she put on her apron, and she was a very clean and thorough hard-working woman, and she reared us all up to work hard, and if the dresser wasn't scrubbed to perfection, well you just did it again, and if the ironing wasn't done as she felt it should be, it just went back and you did it again.*

Mrs Flemming's mother refused all offers from relatives to adopt the two youngest children, saying, 'No, they're my children, and they are going to stop and bear with the rest', and went out to work as a midwife:

Some people say now she brought half of [X] into the world.

Reciprocal care giving is a strong tradition in Mrs Flemming's family. Though she had won a special scholarship to complete Years 11 and 12, and against her mother's wishes, she:

. . . only stayed two years at school because I thought I was old enough and able to earn my own living . . . my mother was earning it for me and at that time she had got on in years.

During World War II when her husband was overseas for three and a half years Mrs Flemming returned to the mountains to live with her mother who minded her while she worked as a bookkeeper to earn money to buy a house when her husband returned. Mrs Flemming pointed to a large arrangement of pink gladioli and white chrysanthemums in the corner of the room. 'I suppose it looks extravagant', she said. Her daughter had sent the flowers on the anniversary of Mrs Flemming's mother's death: 'Neither of us made any comment — we both knew what it was for'.

Now these bonds and patterns of mutual help are being passed on to the next generation. Mrs Flemming's daughter and son-in-law have insisted that she live with them when she can no longer manage on her own:

Well, my daughter said I have to go live with her.

My son-in-law used to tell me, when we were talking about entering yourself for different church homes — you know you have to be down for years — and he just looked at me with disdain, and he said, 'Those places are only for people who have no folk'.

I just take it for granted — you know, the children and my daughter does.

When Mrs Flemming fussed about bothering her daughter after the accident when she was living in her home:

My daughter said, 'You took grandfather and looked after him'. I had forgotten. She hadn't. It stuck in her mind.

Over the years, Mrs Flemming and her husband had provided the daughter and her husband with substantial child-minding assistance:

My daughter had two families really — two older girls, a son and twins when the older girls were 14. We helped rear them — my husband was very good to them. My home was their home.

Mrs Flemming is anxious to help her daughter financially, as well. She is distressed that a house she had bought in another part of New South Wales to be near her daughter and son-in-law when they moved there, had been steeply taxed when it was sold to buy her present unit. Her son-in-law sold a small country place to help her buy her unit, and Mrs Flemming wants to reciprocate by leaving the unit to her daughter.

Christian charity may be an important factor in Mrs Flemming's strong desire to help and feel needed. In addition to minding her grandchildren and sewing clothes for them, she makes jam to raise money at church fetes. Her neighbours give her the fresh fruit for her jams and the materials for sewing, and she then makes things and passes them on to her daughter and son-in-law for the church.

Discussion What makes Mrs Flemming so reluctant to live with her daughter and son-in-law who love her, are concerned about her, and want her to be with them? For one thing, she doesn't want to be a burden. Her daughter and son-in-law work very hard for the church, and still have two adolescent daughters living at home. Mrs Flemming recalls how difficult it was for her when her father-in-law moved in after his wife's death. He was a reticent old Scotsman, didn't enjoy the company of young people, and resented the intrusion of outsiders into his family life.

However, this is only part of the story. The other side is that Mrs Flemming wants to 'think for myself'. When she was living in her daughter's home, her daughter began to tell her how to do everything — how to spend her money, how to organize her time. She said that she was beginning to lose the capacity to work things out for herself. She wanted to do things her own way, even if it meant taking longer, and possibly taking risks.

Above all, ironically, it appears that the very tradition of exchanging help in Mrs Flemming's family makes it *more* difficult for her to accept help from her daughter. Coming from a hard-working, female-headed household, with a mother as a role model who brought up nine children on her own, Mrs Flemming has been reared to believe strongly in carrying her own weight. At a time when her need for help is increasing, her very frailty makes her more loath to accept care from an available and willing daughter. While Mrs Flemming is aware that she is fortunate to have a large network of loving family support, she is determined to protect her autonomy for as long as possible. As I prepared to take my leave, she proudly recounted that the doctors had delayed setting her leg because they thought she was going to die, to which her favourite granddaughter countered indignantly, 'You don't know my Granny!'

It is persons like Mrs Flemming, who want to live independently but need some help and feel reluctant to ask because their resources for reciprocating are dwindling (Pollitt, 1977), who could particularly benefit from access to a variety of subsidized home-help and household maintenance services. She knows that when she can no longer manage she will have loving family support. In the meantime, she would prefer to pay a little for formal services, rather than bother her busy family with a host of small everyday needs.

MRS PERKINS
Expectations frustrated

Mrs Perkins's story and family history contain both marked similarities and striking contrasts to Mrs Flemming's. Like Mrs Flemming, Mrs Perkins is deeply attached to her dead mother, and respects her memory as a symbol of strong, self-sacrificing, hard-working, uncomplaining parenthood. However, in contrast to Mrs Flemming, Mrs Perkins has lost all hope that the mother-daughter bond, so important in her own family experience, will be projected into the next generation by the care her daughter provides for her in old age. The unavailability of support from a source from which it was expected as part of the natural evolution

Don Wylde

of the parent-child relationship has had profoundly disorganizing consequences for Mrs Perkins's adjustment to old age.

Aged 79, Mrs Perkins lives with her husband, 78, in the small, rather dark ground-floor flat they have owned for over 40 years. Situated in an old-style brick building, the two-bedroom flat fronts onto a busy street and has no garden. Mrs Perkins seems deeply dejected about her housing, describing the apartment building as 'the geriatric block' — a place where she knows hardly anyone at all:

That's how it's always been. The people here go to work — nearly everybody goes to work and you only know them by sight and you say, 'Hello, how are things?'

In the earlier survey, in answer to the question, 'What are the worst things for you about your husband's retiring?', she commented:

The place was small and has no garden. I would have liked him to have a garden and more interests.

What would she do if she had an extra $25 a fortnight? 'I would spend it on a new carpet'.

The feelings Mrs Perkins has about her house seem almost a metaphor for her feelings about ageing and her life in general. Scarcely realizing what has happened to her, her life has become confining, full of dark shadows, and with no redeeming prospects:

Up to the age of, say, 67 or 68 or something like that, I never thought of myself as old — I never thought — but when I looked back — now I look back, it just seems like yesterday.

I can't understand. Like, I'd always be looking forward to the next five years — what we were going to do — something like that. But it never came off, see. My husband was working. He said when he left work, he'd build me a place. I thought I was going to get a place. But I didn't say anything — but it just graduated into what's happened to us . . .

Mrs Perkins's despair is reflected in her attitudes toward her own and her husband's health. In fact, it colours her feelings about their very survival:

Mrs Perkins: *If he got a bad coughing fit, he could have a bad time. I've always worried about him. But see, that's the thing. We should have gone, shouldn't we?*

Alice Day: *What do you mean?*

Mrs Perkins: *We should have departed this life.*

Alice Day: *You mean, you've been around longer than your 'innings'?*

Mrs Perkins: *Your innings — I think that — and — but it's only lately — I wouldn't have thought a while back — I would have wanted to just get well. But I know now that I'm going downhill no matter what. Things are happening like these pains in my chest, pains in my knees and things that I get at different times. They've all just come along just recently, you see, and I feel silly when I say to the doctor, 'What's wrong with me?' because he'll say, 'It's just your age'.*

The cause of Mrs Perkins's pain, the failure of her expectations, and her existential despair is the 'calamity' of her only daughter's (Jennifer's) illness — cancer of the lymph glands:

I said to Ted, I said, 'I don't think we can be different to anybody else.' I said, 'With some people it just comes from nowhere this sickness, doesn't it?' You know, it just happens . . .

See, that's a calamity in my family — a calamity for her. And it's terrible calamity for her children. People don't realize that . . .

The worst of the illness in Mrs Perkins's view is its effect on her grandchildren, a boy aged ten, and girl aged six. She sees the disease as literally poisoning their childhood environment:

Alice Day: *Do they know she's ill?*

Mrs Perkins: *Oh, they know she's sick — this chemical therapy makes her very sick.*

Alice Day: *Does she have to go to bed when she gets home?*

Mrs Perkins: *Yes, days of vomiting and distress.*

Alice Day: *So of course they know.*

Mrs Perkins: *And the little girl seems to have taken it better — whether she doesn't understand I don't know, but the boy took it very badly.*

Alice Day: *Really?*

Mrs Perkins: *Oh yes. She said we get a fair bit of trouble with him because he wouldn't let her out of his sight and he'd say to her before he went to school, 'Don't you go near that hospital today, Mum', and she'd go there. She's never said anything about the hospital, but he knows — he knows that she's sick.*

Mrs Perkins and her husband feel so strongly about the grandchildren they have bluntly told their daughter, 'It's no good putting yourself first — you have to put your kiddies first'.

If anything happened to her — much as I think of her . . . It sounds silly saying this to another person because you can't tell how a person feels, but much as we think of her, it seems to pass by — comes down to the children. I don't know how they'll react. I wouldn't be surprised if he'd go berserk.

Mrs Perkins's profound sense of loss about her daughter seems to be connected to her memories of the close, mutually care-giving relationship she shared with her own parents, and particularly with her mother. Mrs Perkins was the second youngest in a family of six and lived, until she was four years old, on a 'little farm' where her father grew fruit and vegetables. Following an accident when a shaft of a trolley 'went through his hand and broke the sinews and smashed his hand', they sold the farm and moved into town where her father took a job as a gardener for a large company with 'a lot of acreage'.

I came fifth in the family — I was second youngest. He was quite old by that time — I don't know much about him at all, but I didn't realize that — that he was old — you know, older than the other girls' fathers. I never thought that — he was a very good father to us and very kind-hearted.

Mrs Perkins's mother came out from Ireland as a young woman and worked for a few years for a doctor before she married. Mrs Perkins recalls:

My mother was gorgeous — I don't mean in looks or anything — she was just patient, very satisfied. She never bemoaned her lot. We didn't have any money or anything but she never bemoaned her lot or anything. And she was kind and, I don't know, she just looked for us and was

happy doing it. I don't think that she ever felt that she was disadvantaged at all.

Both parents died at home in their seventies. Mrs Perkins gave up work first to help an unmarried sister care for her father, 'he was a big man and we found it very hard to lift him and look after him'. Then when her mother fell ill a few years later, she again left her job to help care for her:

And when my father died my mother lived on, you see, and when she got bad I went home to look after her because she just looked for our coming.

Recalling how her mother 'just looked for our coming', Mrs Perkins quietly wept and took a few minutes to recover herself.

At 79 Mrs Perkins is older than her own mother when she died. Her husband's health is deteriorating and Mrs Perkins feels increasingly slowed down and unable to carry on.

I do the sweeping here — just this small place — I feel tired. I have to stop a while before I could go on — a while back I wasn't like that at all . . .

But there is no one in the family to whom she can turn to share her distress or ease her daily workload:

Well, I wouldn't have anyone to care for me, only Jennifer, because my sister's got — one sister's got five of her own family and all those grandchildren and that, and she does what she could. I have a brother that's almost blind and this older sister, but I haven't got anybody that I — and Ted's relatives are all in — I haven't got anybody that I could call on or expect to help me. I've done a fair bit of helping but I'm toning down on it lately — don't do so much lately — done a lot of helping over the years. You see, this sister that's got the family — when her family were young I was on call at any time she wanted help, and this older sister — every time she was feeling off and that . . . Then Jennifer. I went up there when she went back — after she had her first baby she went back to school. She wanted to get so much money they get after ten years teaching . . .

Mrs Perkins's sense of isolation is compounded by the fact that she apparently has no close friends. She compares herself to her daughter in this respect, saying that Jennifer has many close friends who are very good to her:

You know, pop in to see her and ask her to their places — that sort of thing. She lives a different life to mine altogether.

Having no close family members to call on or friends she can turn to, Mrs Perkins does not know what she would do if she needed special help herself:

The last thing I want to do is to be dependent on my daughter even if she was well. I wouldn't like to be dependent. I think you should be entitled to your full life.

Several months before the first interview she had 'a vein out of my leg' and when she came home she had to stay in bed for a while. The hospital sent a woman to interview her about help she might need:

But Ted said 'Oh, we'll manage'. We managed all right. I feel as though there are lots of people who are sick — in need of help more than I am — to date anyway. But as I say, if things go wrong I'd be very grateful for help.

When I put it to her that she had done a great deal of care giving herself, but seemed reluctant to accept help in return, she agreed that she wouldn't want to call on her family to help:

No I wouldn't. If I had the money I would get somebody — if I could. I'd accept the Meals on Wheels.

Meanwhile, all the help is going in another direction, from Mrs Perkins and her husband to their daughter and her family. The illness has coloured their view of the future and obstructed their dream of escaping from the drab surroundings of their present flat to a bright, new unit up north, on the coast:

In fact, we paid a deposit on a place. It was just when Jennifer came down with the cancer. We had to let it go — I thought we might be needed any day to . . . It was a very nice place. It would have been worth a lot of money now.

In talking about the help that she and her husband had given their daughter over the years (Mr Perkins, a skilled tradesman, had built 'a big lounge-dining room and a lovely bathroom' on his daughter's home and 'never charged a penny'), Mrs Perkins seemed almost ashamed to admit that they were extending help without receiving any in return:

We help her all the time. You're the only one I've ever told — I don't even tell my sisters or anyone else because I don't think, you know . . .

Again, the reason for this attitude seems to have its source in the expectations Mrs Perkins has about the mother role and the claims of filial responsibility associated with the mother-child relationship:

Alice Day: *We seem to have come to the point in our society where people aren't proud of giving help. And the point is, why is this, and is this a useful attitude?*

Mrs Perkins: *But I think perhaps the mothers — I couldn't see the mothers doing what my mother did for me. I can't see that the people would do that now. It's not because they don't like their mothers — they like their mothers. But I think the mothers of my generation were devoted mothers or something — I don't know what they were. They never went to shows, they never went on trips, they never went overseas, never went to any of those things that people now do. See, you wouldn't be speaking too often to anybody as old as me, would you?*

Here, Mrs Perkins seems to confuse the persons involved in the reciprocal care-giving relationship — the roles performed by mothers and those performed by daughters. She seems to be saying that the mothers of *her* mother's generation gave much of themselves, devoting their lives to selfless care giving. But then she switches to daughters and says that *they* wouldn't do that for their mothers — 'not because they don't like their mothers — they like their mothers, but . . .' She then returns to talking about the mothers — 'I think the mothers of my generation were devoted mothers or something'. This confusion seems to reflect Mrs Perkins's bewilderment about finding herself in a situation where her daughter is not available to provide her with the support she received from and gave to her own mother. Is this because of something wrong with me, she seems to wonder, something about the way I brought up my daughter that made things go sour, something about the way I am living now that makes me a person who is uncared for?

Discussion It is not within the scope of the approach taken here to try to fathom the reasons for the complexity of Mrs Perkins's feelings about care giving. However, the ambivalence with which she seemed to regard her daughter certainly appears related, in

part, to the discrepancy in their lifestyles and economic circumstances. The impact of economic differences between the generations on the quality of reciprocal care giving is a topic well worth exploring. What came through in Mrs Perkins' story was that Jennifer apparently lived in the beautiful home, and had the circle of friends Mrs Perkins felt she had missed out on all her life. Now, Mrs Perkins feels it is too late to do anything about achieving these goals she has always longed for but been unable to attain because of a lifetime devoted to caring for others. True, Jennifer has had her fair share of misfortune, but her illness has extended over a period of seven years and is now in remission. In the meantime, Mrs Perkins sees her own health rapidly deteriorating, and time running out.

Whatever the reasons, there appeared to be no close bond between mother and daughter. In the earlier survey Mrs Perkins said she was close to no one, and when I talked to her she said nothing in her life gave her any pleasure. She just lived from day to day. She gave the impression of having neither instrumental nor affective support from any member of her family. Even the grandchildren had become more a source of anxiety than a source of joy.

Mrs Perkins's situation amplifies themes raised in the Ageing Project survey (Kendig, 1983b) and in these six life reviews: the importance of older people's expectations about care, the role of past influences in defining those expectations, the vulnerability of old people who have no available informal support, and the strength of cultural norms about self-help and independence among the older generation. The complexity of circumstances contributing to Mrs Perkins's despair illustrates the difficulties involved in any program for the aged designed to assess individual need and recommend sources of assistance. Above all, Mrs Perkins's story demonstrates that the interdependence between children and parents can have negative as well as positive consequences for systems of support available in old age. In the situation described here, an aged couple ostensibly in fairly good health and able to manage fairly well on their own, is disintegrating rather rapidly under the stress of adverse family circumstances they feel powerless to change or to remedy.

3 Health, Reciprocity and Self-Help

We have seen that the persons from whom older people seek help, and the types of problems for which they require assistance are not fixed and immutable, but are fluid choices responding to changes in personal circumstances, physical stamina, and perceptions of the capacity to sustain self-help. As Job (1983:369) has observed: 'Old age is notably a temporal process, and its study requires specific attention to the time dimension'.

Survey data suggest that the way older people feel about self-reliance and social support is associated with their self-concepts of health and physical stamina. In the earlier survey people who rated their health as 'poor' were somewhat less adamant (than those who rated their health better) that 'one should rely on oneself when the going gets tough' (Kendig and Rowland, 1983). Among the very old, therefore, an individual's changed concept of his or her health would seem a fruitful avenue through which to explore the impact of time on personal meanings attached to autonomy and control, dependency and powerlessness.

The five-month interval between the earlier survey and the follow-up interviews permits us to examine the influence of changes in the physical condition and health concepts of older people's attitudes toward assistance from family and others. Among the 23 people re-interviewed in the follow-up study, ten perceived their health as having deteriorated over the five-month interval. Five of these had spent time in hospital; three said that problems that had only begun to appear half a year ago had taken a turn for the worse. Several commented that these physical changes had given them a more acute sense of growing old.

A growing body of research in Australia (Pollitt, 1977; Gibson, 1983; Kendig and Rowland, 1983) and in the United States (Wentowski, 1981) suggests that the ethos of self-help among the aged is related to their perception of their capacity to reciprocate in the exchange of help. Indeed, the Ageing Project survey shows that people in the over-60 age range contribute substantially in both financial and personal terms (Kendig and Rowland, 1983). However, in extreme old age the capacity to extend financial and personal assistance inevitably wanes. The question is, does this deterioration in the power to *give* affect older people's receptivity to *receive*?

Better to give than receive?

From among those who saw their health as worsening, I have selected two to illustrate the possible relation between changes in perceived health status, capacity for reciprocity, and attitudes

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towards receiving help. Both are men. (I was unable to establish from the interviews any clear distinction between the sexes as regards attitudes towards receiving help or value placed on autonomy — both sexes zealously guarded control over their affairs; both vehemently rejected offers of help they saw as premature.) These two respondents were chosen to illustrate differences in family structure, opportunities for reciprocity, and personal meanings of ageing.

MR O'LEARY

Self-help as atonement for accumulated social debts

Never married, 75-year-old Mr O'Leary lives alone. The youngest of seven children (the others all dead) his only kin are three married but childless nephews.

Mr O'Leary has a history of institutionalization. While a young man in his mid-twenties working up country in New Guinea on a river dredge, he 'went troppo . . . a bit — er — light-headed'. He returned to Australia as one of the 'walking wounded sort of thing' and spent at least the next 20 years (he would not give a figure) in a rest home for the mentally unstable. After he left, he got a job as a postman, and managed to accumulate enough superannuation to buy his unit on retirement and live fairly comfortably. A loner, he lived by 'batching and boarding', had made very few friends, and was accustomed to looking after himself, 'I've made my bed now, for instance, for 50 years'.

During his mid-sixties he contracted a serious deteriorating illness that left him severely immobilized. He dismissed his disability as 'a walking impediment', but did not get out of his special chair when I entered his small but cheerful unit, and remained seated when I left. When interviewed a second time he had been home from hospital only a few days. With the aid of a number of props (built up chair, high bed, bars in the toilet and high stool to sit at the table) he was managing on his own:

Alice Day: *Did anyone help you here? Did your nephews look in on you?*

Mr O'Leary: *No, they just helped me in driving the car here and I just got in and had a little sit down a little bit. With the high chairs and all I was able to manage. I've held condition in the pretty evenly and I haven't any real need. I've made my will, of course.*

Mr O'Leary speaks well of his nephews:

They are very good. They keep in touch with me. They're very helpful. I get on very well with them. I try to consider their circumstances and they get my supplies, seeing I'm not active as much as I can be.

However, the care they provide (the nephew who lives closest helps with the shopping twice a week) seems largely instrumental and supervisory, not personal and affectionate. In the Ageing Project survey, for example, Mr O'Leary said he felt close to no one, confided in no one, and felt needed and appreciated by no one.

Although a neighbour looks in regularly, Mr O'Leary is isolated socially, and since he is too incapacitated to venture out on his own and will not ask his nephews to do anything except furnish basic supplies, he is house-bound and restricted to his small unit. He fills his time reading copiously, watching television, and ruminating about the world. He was interested enough in the purpose of the Ageing Project survey to prepare a written statement describing his views about what could be done to improve conditions for older people.

Having spent much of his life in institutions and boarding houses, Mr O'Leary does not seem to suffer now from lack of intimacy. In fact, data from the earlier survey show that he has a high level of satisfaction, and claims almost never to be lonely. Mr O'Leary himself commented at length on this apparent anomaly:

When I was in [the rest home] I had phases of this nostalgia. I got that pretty bad, you know. But I found that seeing so many people pass through, I got to know most of them fairly well. I noticed that young married men — people who were closely associated with a family — their psychic harmony, the pattern in their life was broken very much when they had to be in hospital away from their families and their wives.

Amongst us, there were a lot of seamen who had been on naval activities in the war and on the continent and they seemed to have a different philosophy about adjusting themselves to living away. And even when they were close to the interests of their family they had to come to terms with the long-range philosophy.

Perhaps, often living on my own, I'd got in the way of being a loner and I was able to come to terms in some way in that direction.

Although he had adjusted to being alone, Mr O'Leary is uneasy about not having pulled his weight in the past and at various

points in the interview he expressed dissatisfaction about being 'an encumbrance'. Of his extended stay in the rest home, for example, he said:

I decided to work my passage in there. I used to work around the grounds and I remember doing different types of gardening jobs. I looked after a tennis court there.

Although well informed about services available to the aged, Mr O'Leary does not make use of these services and claims that he does not need to 'approach them closely at the moment'.

I would like to look after myself as far as I can. I can always do something in that direction.

Discussion Mr O'Leary's insistence on self-help despite his severe disabilities seems related to three aspects of his personal circumstances: first, the fact that he never married and hence has no claim to support from the closest of primary bonds (those of spouse or children); second, the fact that he has had a long personal association with institutionalization and fears that if outsiders come in they may decide he is not capable of managing on his own, and recommend that he be placed in a home ('From what I've seen of rest homes, I'd like to keep myself away from them'); third, the fact that for much of his life he has depended on help from others and feels that he had not properly repaid that debt.

A man who, in his own eyes, has failed to fulfill his potential or to be very useful to any one, Mr O'Leary describes the most painful experience of his life as:

. . . justifying my existence and learning to accept stabilities. And in my mind's eye I did gain ascendancies in that direction. They were acute for me, but they were commonplace and wouldn't mean much to anyone else. But they were steps of attainment and steps of broadening purpose.

When he retired and bought his unit he tried to make a contribution by serving on the units' management committee and helping out with the yard work.

I used to do the front lawn and look after the machines, the mowers and different things, and did some of the simpler work around the yard. It was an active interest and it pleased me to have something to do.

Not only does Mr O'Leary fear that by opening his life to outside help he will lose the isolation, peace and quiet which he

requires at this stage to manage his disability and to satisfy a major life goal of seeking a justification for his existence, he also feels that he has not earned help by serving others himself.

MR FORBES
Erosion of the capacity for reciprocity

We have met Mr Forbes in the Introduction to this monograph. His story is taken up again because it so tellingly reveals the impact of declining physical capacities on an older person's desire to be useful.

Mr Forbes is 80 years old and he lives alone. In terms of personal and social resources, his situation is dissimilar to Mr O'Leary's in that Mr Forbes, a widower of five year's duration, has strong informal support. A son and daughter, six grandchildren and three great-grandchildren ('and one on the way') live:

. . . close handy and, I suppose, I go to each one of them about twice a week — that's four nights a week I go to one of them. I have been very fortunate in this.

Again in contrast to Mr O'Leary, Mr Forbes has been fully involved in a successful and financially rewarding career. Describing himself when young as 'a bit of a rebel', Mr Forbes left school at 17 and took up a position in a large company in which he eventually became a high level executive. As we have seen, work was a major area of life satisfaction for Mr Forbes — so much so, that his wife said he was 'wedded' to his work.

Unlike Mr O'Leary, Mr Forbes has also had ample opportunity to provide others with both instrumental and affective support. He established a small family company in which each of his two children and their spouses own a share, has given each grandchild a large gift on their 21st birthday, and looked after his wife (including cooking and housekeeping) for six years before her death after she suffered a stroke:

Alice Day: *Did you ever feel you needed Meals on Wheels or help with cooking or anything like that?*

Mr Forbes: *No. If I didn't know how to do a thing my wife would tell me — and I could do it under instruction. We always lived well — or reasonably well. We didn't go in for fancy stuff. It was ordinary cooking and we used to have some of the family here at times. My wife was always*

keen to have the youngsters and the grandchildren whenever they were about — we've had as many as 14 around that table at one time.

Mr Forbes shares both the other man's strong desire to manage on his own, and a growing sense of stress about becoming dependent because of progressive physical impairment. Mr Forbes's impairment is in some ways less disabling than Mr O'Leary's crippled limbs but is, nevertheless, perhaps an even greater threat to long-term self-management, for it involves loss of eyesight. In the earlier survey, although he rated his eyesight as 'poor', Mr Forbes made no further reference to difficulties with his eyes or to contraints on his activities owing to visual problems. On the contrary, he said he could go out of doors on his own and walk half a mile without difficulty, and that over the past month his main method of transport was driving a car.

At the second interview five months later, the picture was remarkably different. Not only were Mr Forbes's visual capacities clearly very limited, but his own view of his condition was more pessimistic. He had suffered bleeding in the retina only a fortnight prior to the second visit:

A fortnight ago I couldn't see a thing — it was just complete blank. But the blood seems to be gradually absorbed into the system and that's what's happening at the present time. The trouble is when it gets down to a stage where it's almost gone I get another bleed and that makes it difficult.

Mr Forbes began describing his eye problem in response to my question about whether he thought that older people had sufficient opportunity to contribute to society. He replied that he had not been able to read a book for seven to eight years and that poor eyesight now interfered with his capacity to be useful and to undertake volunteer jobs:

If I were able to see properly I could do all sorts of voluntary work which I'm not able to do because if I want to read anything I get my glasses and then I get a magnifier — it takes me so long to move the magnifier across the page that I just can't . . .

Except when the bleeding is at its worst, Mr Forbes carries on with his daily routine, including driving the car and playing bowls several times a week:

I go out and play bowls with one eye — they laugh at me up

there. Oh, we get a bit of fun out of it: 'For a fellow who can't see the jack you get pretty close to it!'

He does the housework, runs the family company, keeps the books, and does:

. . . a bit of banking or something of that kind so I'll have to go and see if there's any mail — that gives me something to do. At the end of June I've got to make up income tax returns, all that sort of thing — it's something that keeps me occupied. I can do it one-eyed with the glasses and magnifier but it's about all I can do. So apart from that there's nothing much I can occupy my time with.

Despite their offers to help and even with his failing eyesight, Mr Forbes's reliance on his family is primarily limited to affective support. His answers in the earlier survey show a firm belief in self-reliance, making decisions without advice from family and friends, and the importance of reciprocity in parent-child relations. He strongly disagrees that services from organizations can take the place of family care, yet insists that under no circumstances is he 'going to lodge myself with the youngsters':

Mr Forbes: *No. Look, they've got their children, they've got grandchildren. My daughter's got two granddaughters, my son's got a granddaughter and another one on the way. I've thought about it and I've decided that as long as I can manage here on my own I'll stay here. If I get to the stage where I can't manage for myself, well that's the end of me — poof — full stop.*

Alice Day: *What do you mean by that?*

Mr Forbes: *Well, the only reason I won't be able to manage is because I won't be able to do anything — finish.*

Like many people in the Ageing Project survey (Kendig and Rowland, 1983), Mr Forbes seems ambivalent about dependence on the family. He likes to think that old people can get along without the company of the younger generations, but at the same time he reveals that his family is so essential that he might contemplate suicide without them:

I suppose I'd probably get very lonely if I didn't have the family about occasionally and I'd feel like throwing myself

over the Gap. You never know. But in that case I might say, well, I'll go into one of those places where I've got other people round about me. But the way things are — I'm not wanting to go into one of those places while I can still see the youngsters occasionally and get about.

Discussion To the casual observer, Mr O'Leary and Mr Forbes both appear to have disabilities that would require extensive personal support. Yet both are adamant about staying in their homes and 'doing' for themselves. However, in the interim between the two visits both had spent time in hospital, and both had a sharpened sense that advancing physical impairment was hastening the time when they would be unable to manage on their own.

When that time comes, Mr Forbes may succumb to the wishes of his family to move in with one of them: he has provided extensive affective and instrumental assistance to them and can accept their support with a clear conscience. Lacking close kin willing to care for him at home and having no claim on relatives or friends, Mr O'Leary will probably have to return to the institutional custody in which he had spent so many of his earlier years.

Before these two unsatisfactory solutions became absolutely necessary, both men would benefit from shopping and housekeeping services that would permit them the haven of their privacy and autonomy as long as possible. But this poses a problem for service providers. Although both men are knowledgeable about services and both know that their physical capacities are diminishing, neither has sought assistance. As is so often the case with the aged, it appears that a crisis is necessary before an individual will seek the help he or she needs (Pollitt, 1977; Day and Harley, forthcoming).

The notion of the family as a crucial lifeline in old age also belies stereotypes. These two men provide striking confirmation of the theory that loss of a confidant has more profoundly disorienting effects on adjustment to ageing than does never having had one (Lowenthal and Haven, 1968). Mr Forbes, a man with a rich background of social involvement and surrounded by a loving attentive family, admits to being lonely and having time on his hands. His restlessness is exacerbated by failing eyesight which restricts his opportunity to confront the loss of his wife by developing new ties and personally-involving activities. In contrast, Mr O'Leary, a lifelong loner, is alone but not lonely and, although he seldom sees anyone and is house-bound, he says he almost never has time on his hands. His increasing disability provides him with the rationale to be by himself and pursue his internal search for meaning.

A pervasive feeling among this selection of very old people was that help was the thin edge of the wedge encroaching on their vulnerable autonomy. At the same time, a majority were in quite frail health. They were aware that time is the enemy of the very old and that eventually they would have to rely on support from others. Hence, the ubiquitous phrase, 'I don't need any more help . . . *at the moment*'.

Notes

1. The primary sources of information about general patterns are Kendig and others, 1983, and Kendig and Rowland, 1983, which review the findings about older Australians and their families from the Ageing Project survey. While similar patterns have been studied overseas, reference is made to this literature.
2. Among respondents with living children in the Ageing Project survey, over 40 per cent had a child within eight kilometres and nearly 90 per cent had one or more children elsewhere in Sydney (Kendig and Rowland, 1983:4).
3. Only 12 per cent of respondents in the Ageing Project survey usually saw their children less than once a month (Kendig and Rowland 1983:6).
4. I purposely eschew referring to these old people as 'cases' to avoid any hint of applying the medical model to the frail aged. Although the respondents did not request it themselves, all names are fictitious.
5. Using 1976 census data on living arrangements in Sydney, Rowland (1982:233) found that 67 per cent of men over 60 lived with a spouse, compared with only 35 per cent of women. The proportions living alone increase with age up to age 80-84.
6. Two-thirds of those 60 and over in the Ageing Project survey who had at least one child agreed with the statement, 'my children are very devoted and do all they can for me'.
7. A main thrust of recommendations in the McLeay Report (1982:106-111) is to develop community services under the Extended Care Program as an alternative to further expenditure under the Nursing Home Care Program. This is tantamount to proposing that the aged be supported at home rather than in an institutional setting. McLeay and others do not, however, carry the implications of this shift in the balance of service provision further to consider that home care almost always involves a family member, usually a woman who is typically a wife or a daughter.
8. Kinnear and Graycar (1982) in a study of 75 families that contained an old person who was a relative of the household head, found that over 95 per cent of the carers were women 'which demonstrates that family care is, in reality, care by women' (Preface, i). The 1976 Census showed that two out of three Australians in the 60 years and over age range have at least one daughter in the family potentially to perform the care-giving role.

Part 4 'I don't need help . . . at the moment' Orientations Towards Contingency Planning: A Typology

1 Looking Ahead

The qualitative interviews culminated in my asking the old people if they had thought about what they would do in the event that they could no longer look after themselves. In a sense, the entire interview was a preparation for confronting this issue. As mentioned earlier, a majority of the 23 were still largely independent, managing on their own without extensive support with daily activities from family or outside sources. This does not mean, however, that among them there were not exchanges of help. To reiterate what has been said about this earlier — two men with severe physical disabilities required assistance to remain at home: one, never married, had help with shopping from his three nephews, the other, a childless widower, had Meals on Wheels coming five days a week. Two were living with a middle-aged daughter and were the beneficiaries of her services as cook and housekeeper for the household. Three others, who were somewhat limited in getting about, relied on help with shopping and transport from a spouse, friends or neighbours. In addition, three were themselves providing extensive personal care to an ailing spouse. However, regardless of their current capacity to manage, none felt comfortable about contemplating the possibility of needing future custodial care. Asking them to look ahead stirred the embers of their fears, and obliged them to address the reality that ageing is an 'inevitable status passage' (Glasser and Strauss, 1976:15) from which 'the only exit is death' (Marshall, 1980b:56). When I asked Mr Sherman if he had talked to his son or members of his family about planning ahead for the future, he said:

What future? I'll be 77 next birthday so it's a matter of time. Whether I live to be 82 or 90, I'll be old — that's the thing. You can't escape that.

The core of the analysis is the construction of the typology to illustrate major orientations of the aged towards contingency planning. The Ageing and the Family Project survey had collected information about older people's attitudes towards four main categories of care arrangements: stay at home with outside help, move in with children, move to a home for the aged, or move to a nursing home (Table 3). The earlier survey also included questions to relate the sources older people applied to for help with the type or seriousness of the problem for which they required assistance, such as, where would you turn if you needed financial advice, if you were ill in bed for a week, ill in bed for a month? Material of this kind from the larger survey and data from the life stories were pooled to construct the typology.

Don Wyse

Research questions

At the most general level, the typology concerns people's sense of control over their life circumstances at a time when their personal and social resources are seriously dwindling. The basic research question is: what happens when older people can no longer manage on their own? Person after person in these interviews testified that the change in status from looking after oneself to having to receive help from others is, in many ways, the most crucial transition a person of any age can make. As Mr Graham stated so unequivocably:

If you get people doing things for you, you finish up in a rut — sort of drop your bundle. If you are doing things for yourself, well, it helps your morale.

For persons of advanced age, the passage from self-help to having to rely on others is particularly critical (Glasser and Strauss, 1971:15). Both they and those responsible for their care see the drift into greater dependency as irreversible. The people I talked to interpreted this drift as a loss of control and a major threat to their personal identity and definition of self-worth. As Mr Forbes put it, 'If I can't manage for myself, well, that's the end of me', and Mrs Flemming wanted to live on her own so that, 'I can think things out for myself'.

Given the import of the transition from self-help to receiving help from others, the conduct of negotiations surrounding arrangements for older people's support is vital to assessing the strengths and shortcomings of our systems of caring for the aged (Minichiello, 1983). The purpose of the typology described here is to explore a typically overlooked aspect of these negotiations, namely, the orientations of older people themselves. How do they view the various alternatives for the provision of custodial care? How do past experiences influence current preferences? What strategies do older people use to obtain the kind of support they want when the resources they bring to the bargaining process are becoming more limited as times goes by?

2 Orientations Towards Contingency Planning

How, then, do older people come to terms with what social historian Ronald Blythe (1979:20) has called 'the quandary of a slow motion departure'? I have conceptualized the attitudes of the old people I talked to as a continuum of orientations towards planning for their own care. These range from the belief that it is desirable to make preparations for the kind of care one wants, to the belief that it is unnecessary to make such preparations because 'when the time comes' one will be looked after by one's family, anyway.

At one pole are the 'Planners', people who had talked with their families and/or made independent arrangements to have themselves looked after when they could no longer manage on their own. At the other, are the 'Counters on Family Support', those who had made no plans because they expected their families to take over and make arrangements for them when custodial care was clearly indicated. The largest number fall into a position in between these two, that is, between those who believe in planning as a means of establishing some sort of control, and those who believe in letting others look after them. I have classified this middle group into two types: the 'Procrastinators', people who thought making plans was desirable but had postponed taking any kind of steps in that direction, and the 'Fatalists', those who believed that trying to take control was tempting fate.

In some ways, reducing the rich material from the qualitative interviews to a few general categories defeats a major purpose of this follow-up study, namely, to illustrate the wide diversity among the aged population. However, constructing such a model seems legitimate if only to offer policy makers and service providers fresh insights into the needs of older people within a framework of their own interpretation of their circumstances. The typology is not intended as a paradigm of all possible views (Hirschman, 1979: 163-179), but to describe patterns I discerned in what the old people said themselves.

The following section outlines the major orientations and examines aspects of the respondents' lives that might account for their personal views. Particular attention is given to family structure and relations with kin. As noted before, whatever arrangements older people say they prefer, the fact is that the bulk of support of the aged living in the community, even for those with extensive physical limitations, is provided by families, and typically by a female relative. Only about five per cent of severely handicapped persons aged 60 years or more are cared for in an institutional setting (Rowland, 1983:1).

Table 5 Orientations of frail aged towards contingency planning

High	*Belief in the Efficacy of Planning*		*Low*
Planners	*Procrastinators*	*Fatalists*	*Counters on Family Support*
Believe in the desirability of planning and have taken steps to make the arrangements they want	Believe planning may be desirable but waiting to see what happens	Believe that planning is not practical because life is too unpredictable	Believe that planning is unnecessary because one's family will take care of things
Preferred care arrangements:			
Move into institution	*Stay at home with outside help*	*Stay at home with outside help*	*Move in with children*
Mrs Ellis	Mrs Andrews	Mrs Parsons	Mrs Finlayson
Mrs Smart	Mrs Lindsay	Mrs Perkins	Mrs Flemming
Mrs Williams	Mr Fielding	Mr Grant	Mrs Ford
Mr McMahon	Mr Forbes	Mr Sherman	Mrs Hermann
	Mr Graham	Mr Skinner	Mrs Kramer
Move in with children	Mr Henderson		Mr Morley
Mr Gregory	Mr O'Leary		

Note: To ensure confidentiality for respondents and their families, all names are fictitious.

The 'Planners'

Mrs Ellis	Mr Gregory
Mrs Smart	Mr McMahon
Mrs Williams	

The 'Planners' were all people living alone. All owned the house or unit they were living in and all had sufficient economic resources to live comfortably without stinting themselves. Although they had experienced hard times as young adults during the Depression, all came from fairly well-off, middle-class backgrounds. They are distinguished chiefly by two characteristics: by the fact that they had made an independent decision about arrangements for their future care, and by the fact that they were not ambivalent about the type of care they wanted.

Within this broad classification a variety of situations are represented. Four of the five had made plans to go into a hostel or nursing home. This was not because they had no relatives from whom they could claim support. On the contrary, in having three daughters and two sons living near by, Mrs Smart had a large close family network. The distinguishing feature was that all four had unequivocably ruled out relying on children when the time came that they needed more personal care. Their reasons were varied and included: having no children or close kin to turn to (Mrs Williams), having children who for a number of reasons they considered were not available (Mrs Ellis and Mr McMahon both had sons they described as taken up with their own affairs), or feeling strongly that the three-generation household just did not work (Mrs Smart). Rejection of custodial care from family did not, however, appear related to the quality of past bonds with children. In fact, it seemed that those who were closest to their children and placed most value on the parent-child relationship were often the ones most reluctant to put that relationship to the test by living under one roof.

Although classified with the 'Planners', Mr Gregory had a somewhat different profile. Rather than anticipating moving into an institution, he had made plans to move into an extension on his son's and daughter-in-law's house. With their consent, he was preparing to sell his unit and use the proceeds to build and pay for the extension himself. He is grouped with the 'Planners' because he had made this decision while he was still fully capable of looking after himself, not as a response to deteriorating health and the need for more personal care. He spoke of the plan as enabling him to live nearer his family while still preserving his autonomy. He said he intended to have his own car and to come and go freely without having to account for his movements.

This profile of Mr Gregory illustrates that the various positions on the continuum of orientations may, in fact, represent different stages in the 'career' of becoming a dependent person. Had I interviewed Mr Gregory at a later time — say, after he had already moved into his extension and possibly suffering a setback in his health, he might have presented as a 'Counter on Family Support' rather than as a 'Planner'.

The 'Procrastinators'

Mrs Andrews	Mr Fielding
Mrs Lindsay	Mr Forbes
	Mr Graham
	Mr Henderson
	Mr O'Leary

The 'Procrastinators' were all people in frail health who knew it would be wise for them to make contingency plans, who were aware of various services for the aged, but who had made no move to adopt any of the possible alternatives. They preferred, 'at the moment', to hold out and wait and see. Rather than go to their families or to an institution, they said they would use services at home, if necessary. Their economic backgrounds ranged from being very well-off to getting along on quite a modest income. Two were renting Housing Commission flats; the others owned their own house or unit.

Like the 'Planners', the 'Procrastinators' represented a variety of living arrangements and family situations. Among the five men, three were living alone — two without close family support, one with strong family attachments (but like Mrs Smart, with strong objections to imposing himself on 'the youngsters' and quite a positive view of institutions for the aged). A fourth man, Mr Fielding, had a younger wife who was looking after him, but no potential support from children. He had married late, had no children of his own, and did not get along with his stepson. The fifth man, Mr Henderson, as we have seen, was living with a daughter but felt that because of deteriorating health and a past history of indifferent personal relations he was losing her good will. She was busy running her own retail business, and Mr Henderson thought he was becoming an intolerable burden to her.

The two women in this category of 'Procrastinators' each had no daughter and felt that their sons were not available to provide personal care. In Mrs Andrews's case, one of her two sons was divorced, the other was employed overseas. Mrs Lindsay had married in her early forties and her only son's children were still

very young. Although her son's wife helped with shopping, Mrs Lindsay did not feel close enough to her daughter-in-law to break the barriers of pride and ask for help with more intimate personal needs. In addition, both these women had negative associations with institutions for the aged.

In short, these are all people who eschewed making contingency plans for custodial care because they were ambivalent about the main alternatives: move in with children or go to an institution for the aged. Since neither alternative presented a clear choice, they were reluctant to make a move in the direction of either.

The 'Fatalists'

Mrs Parsons	Mr Grant
Mrs Perkins	Mr Sherman
	Mr Skinner

Like the 'Procrastinators', the 'Fatalists' did not believe in planning ahead, but their reasons for avoiding commitment to a line of action were at once more vague and more decisive. They seemed to fear becoming involved in the planning process because they had no faith in the orderly unfolding of future events. When I asked Mr Sherman if he had planned ahead to the time when he might not be able to manage on his own, he said:

No, I don't want to think — I don't want to think about tomorrow — see, that's my philosophy — that's to say I've got to manage, that's all. I don't want to think ahead because it will never work out. No planning. I just go on from day to day.

The one identifiable feature the two women and three men in this category seem to share is a set of life experiences that made them feel that the future was uncertain and events governed by forces beyond their control. At the time of this study, three were in the grip of personal circumstances that prevented them from making plans for themselves. Of these, Mrs Parsons and Mr Skinner, were looking after ailing spouses and their first and overwhelming concern was for them. Thinking about contingency plans would have meant anticipating their spouse's death — and this they were not prepared to do. The third, Mrs Perkins, had a terminally ill daughter who had been virtually forced to withdraw support from her mother in order to deal with her illness and bring up her two small children. As we have seen in Part 3, Mrs Perkins's life story suggests that she was unable to come to terms with this 'family calamity', and the magnitude of

the blow to her expectations about her daughter's loving support in her old age had deprived her of any faith she might have had in the predictability of the future. Two of the men, Mr Grant and Mr Sherman, were living with wives considerably their juniors, and could not conceive of a time when they would ever need to depend on anyone but their spouse.

None of the 'Fatalists' expressed confidence in their children's availability to provide personal care: Mrs Parsons because her son and daughter, both unmarried, had long since made lives overseas, independent of their parents; Mrs Perkins because her daughter was dying; Mr Grant because his widowed mother had lived with him for 30 years up to and during the first few years of his marriage, and, he said, that was enough to convince him that three-generation households did not work; Mr Sherman because his son was just getting started on a family of his own; and Mr Skinner because he had lived apart from his son and daughter before migrating from England to Australia, and felt distanced from them.

In summary, it was clear from their interviews that these five people were wary of making arrangements for their future care. This was partly because life events had caught up with them in the past, and they had lost faith in the efficacy of action taken to determine one's lot. Aversion to looking ahead also seemed related to the fact that drift of circumstances had led them away from the habit of exchanging help with their children. Now that age and the prospect of dependency had overtaken them, they felt uncomfortable about making claims on their children's sense of filial responsibility. As Mrs Perkins remarked:

The last thing I want to do is to be dependent on my daughter even if she was well. I wouldn't like to be dependent. I think you should be entitled to your full life.

The 'Counters on Family Support'

Mrs Finlayson
Mrs Flemming
Mrs Ford
Mrs Hermann
Mrs Kramer
Mrs Morley

In this last category were those who did not believe it was necessary to make plans because their families would look after them 'when the time comes'. As we saw in Part 3, Mrs Flemming, for one, had no doubts about what would happen to her in the future.

Well, my daughter says I have to go live with her. I just take it for granted — you know — the children and my daughter do.

These six women represented a variety of social class positions, ranging from those who had struggled to get along all their lives to those who had always enjoyed financial security and material comfort. Their living arrangements were also diverse, covering the main types included in this follow-up study: living alone, living with spouse, living with family. However, all the women except Mrs Ford shared an important aspect of family structure: each had at least one daughter, and it was she whom each expected to 'undertake the most burdensome and important kinds of care' (Kendig, 1983c:5).

Were women who expected to put themselves in the hands of their daughters any different from the others in terms of the extent of past care giving or the quality of their emotional attachment to their children (Horowitz and Shindelman, 1981)? With the exception of Mrs Ford who had separated from her husband during the first year of marriage, placed her son with a foster family, and worked full-time in a paid job all her life, the women were close to their children and had contributed to them substantially over the years — offering support in times of crisis, minding the children and, in a few cases, providing financial help. The most prominent forms of reciprocity were sharing the hard work of women's 'home duties' and the exchange of affection and concern over a lifetime. Mrs Morley, described in Part 2 as having 'five attentive daughters', is typical of this group:

Alice Day: *Were you closer to one daughter than to another?*

Mrs Morley: *No, all the same. All fine, decent girls. They're marvellous. I don't know what I'd do without them. They're marvellous — I could live with them tomorrow if I wanted to.*

Alice Day: *Have they asked you?*

Mrs Morley: *Oh, you bet!*

Alice Day: *To what do you attribute your long life and good morale?*

Mrs Morley: *Hard work and that — five daughters, I tell you!*

Alice Day: *That's a lot!*

Mrs Morley: *My word. And they never done anything. I done everything. I didn't believe in them working. I had to work when I was young, and I didn't think it was fair. I'd go to work, and I done everything — ironing, washing, everything.*

This is not to imply that the exchange of affection and instrumental help was not a part of the family relationships of those classified in other categories, but that, with the possible exception of Mrs Ford, it was a prominent feature in the backgrounds of respondents in the 'Counters on Family Support' category. Note, however, that with the exception of Mrs Kramer who migrated from Europe in her later years and was living in her daughter's home, the others, despite advanced years and children willing (they thought) to take them in, were still living independently of their families, and that this 'intimacy at a distance' (Rosenmayr and Kockeis, 1963:410-426), 'at the moment' was the arrangement they said they preferred. Again we turn to Mrs Morley to tell us why older people insist on maintaining this distance:

Mrs Morley: *They want me to sell up and go live with them.*

Alice Day: *Why don't you want to do that?*

Mrs Morley: *I love my home. I want to do the things I want to do and I can't. And I'm forbidden to do it. My daughters say I'm not to do this, I'm not to do that. I say, 'Get lost, I'm OK'.*

Alice Day: *They just don't want you to get overtired.*

Mrs Morley: *Yes. 'Don't do this — we'll do it, Mum.' I said, 'It'll be done before you come up'.*

Despite their determined self-reliance, all in this category had no doubt that when they could no longer manage their children would look after them. The 'Counters on Family Support' not only believed that their children would be available to give personal care when needed, but they accepted the appropriateness of this filial obligation. Unlike those in the other three categories, these parents apparently welcomed without shame, fear or ambivalence their children's offers to provide the last-ditch custodial care.

Nicola Looker

Discussion

This is a typology of older people's expectations about a hypothetical future time when self-help will not be sufficient to carry them through from day to day. It provides a snap-shot view of how a selection of older people living in the community saw their future prospects at a single moment in time. As such, it is *not* a typology of personalities. Depending on their circumstances, there is no reason why the older people in this study may not move from category to category within the typology. Their position is relative to time and circumstances. In particular, it is quite likely that the 'Procrastinators' and the 'Fatalists' will shift positions in response to changing health, personal resources, and family circumstances. So, Mr O'Leary's and Mr Forbes's stories in Part 3 suggest that the passage of time affects older people's orientations toward the future and may alter the types of care arrangements they say they prefer. We may be sure that older people's belief in the efficacy of planning ahead will change as well with their sense of their own fitness and their assessment of their family's capacity to undertake the burden of their care.

As outlined here, this typology is only a beginning. It is incomplete in two important respects. First, it offers only a limited view of the processes over time through which older people forge intimate ties with their children and other family members (Riley, 1983). It is vitally important that these processes be explored because they form the very basis of patterns of mutual help that develop between members of family networks — patterns that, in the end, shape the nature and quality of support systems in later life. The discussion here touches on some of these processes, such as the hard work Mrs Morley devoted to rearing her five daughters, and the way Mrs Perkins twice gave up her job to care for dying parents. Such specific instances of help exchanged in the past need to be examined explicitly in terms of their possible impact for expectations about future care, in both the ascendant and descendant generations. They contain much valuable information about differences between men and women in their opportunities to build intimacy and create a backlog of mutually supportive relationships, and also about differences in such opportunities between different cohorts moving into the later years.[1]

A second respect in which this typology falls short of its full potential is in the blending of two concepts that in the course of further study may need to be disaggregated[2]. These two concepts are:

- the degree of control that older people perceive themselves as having over their lives and life events; and

- the extent to which older people feel that they can/should count on their families to look after them when they can no longer fully help themselves.

These two concepts identify distinctive elements in this typology that for policy purposes may need to be regarded separately. Thus, a sense of control is likely to be a general characteristic, composed of both individual and cohort effects, such as social origins, education, occupation, income, life experience, unique historical events; while degree of counting on family is more likely to be related to family relations and expectations that arise from specific family interactions.

The life stories reported on here contain many insights along these lines, but fuller examination of these issues would require another in-depth study and another research design. Part 5, therefore, offers an overview of the lessons that *can* be drawn from the rich, though admittedly partial, perspectives on older people and their family support obtained from this follow-up study.

Notes

[1] For discussion of the issues of gender and cohort differences in opportunities to forge intimacy and build supportive relations, see, Report of the National Institute on Ageing, 1978; Hagestad, 1982, 1984; Riley, 1983; Day, 1984b).

[2] I am indebted to Peter d'Abbs (1983) for this suggestion.

Part 5 Lessons from the Field

1 Integrating Survey Research and Fieldwork Methods

Two main types of lessons can be learned from small, in-depth follow-up studies, such as this one. The first is methodological and concerns the contribution of a qualitative fieldwork approach to supplementing and enhancing the completeness of information obtained by survey research methods. The second is substantive and concerns the capacity of in-depth intensive interviews to bring into sharper focus details about the ways people actually live and relate to their families and their world.

Throughout this study, I have maintained that research methods and perspectives on the aged are closely intertwined: methods of collecting data not only shape the information we obtain, they also provide differing insights about older people's circumstances and special concerns. This final section summarizes lessons learned from integrating survey research and fieldwork methods in this study of persons with eight decades of life experience.

Scoopy/Leanne Temme

2 Contributions of Fieldwork to Survey Research

The purpose of surveys is not to gather facts indiscriminately, but to focus on relationships presumed to be salient to a particular set of issues. The 'Survey of the Aged in Sydney' aimed to 'identify the circumstances of older people in the community with particular attention to the vulnerabilities and resources which influence their need for health and welfare services' (Kendig, and others, 1983:iii). The data collected in this earlier survey were wide ranging and comprehensive: they strengthened the foundation of information about the aged that is so necessary to formulating effective policy.

The usefulness of a smaller, intensive follow-up study is the way it can extend the perspectives of a larger survey — fill in the gaps by providing information not likely to be gathered by means of large-scale methods alone (Marshall, 1981). It can also serve as a source of new ideas which can generate fresh hypotheses and thus carry the original survey beyond the theoretical bases with which it began. How well does this study meet these goals?

Extension of information

The follow-up interviews enhanced the coverage of information in several ways that can be summarized under two main headings: taking a life span approach, and providing illustrations of individual variation.

Life span approach

In the second interview, respondents were encouraged to look back over their lives and talk about events that were particularly important to them. The material obtained from this review of significant happenings over an entire lifetime provides a wealth of detailed information about individual family relations in the context of the historical and social settings in which they took place. Recollections about family relations over the whole life course also make it possible to study the complex connections between past events and current support systems. Such memories of past events can also supplement data from the earlier survey by infusing with personal meanings the kinds of help and sources of support that have marked critical points of transition, such as getting a first job, marrying, purchasing a home, becoming a parent, retiring from an absorbing occupation, and losing intimate relationships through the death of a parent, spouse, friend or child.

Illustrations of individual variation

A major aim of the earlier survey was to illuminate patterns in the nature and amount of support parents and children (and more remote kin) provide one another. Information about such patterns is a vital requisite to designing policies that facilitate rather than interfere with the informal mechanisms that families devise for helping one another. However, equally important for the development of both a theory of social relations and policies to meet the real needs of the aged, is an understanding of what accounts for the atypical situation and for discontinuities in the usual patterns of exchanging support that are found among older people and their social networks. An approach to collecting information that is open-ended and takes its cues from what older people themselves define as worth telling can go a long way towards revealing why variations in typical patterns occur. For example, Mr Henderson's account of relations with his wife and daughter over the years throws light on his current uncertainty about relying on his daughter for more substantial personal care, even though he lives with her and she is his only remaining close relative. Mrs Flemming's reluctance to accept help from a loving, willing daughter may surely be explained partly by the strong model of self-help set by her mother — a young widow left to rear nine children, of whom Mrs Flemming herself was the youngest and as yet unborn when her father drowned. The strong bond Mrs Perkins had with her own mother and her frustrated expectations for developing a similarly close bond with her seriously ill daughter, illuminate the otherwise puzzling survey finding that, among the mothers with daughters living near by, she is one of only a few who say they feel close to no one, unappreciated and unsupported.

In short, the life stories enable us to explore some fundamental questions: What kinds of circumstances make children unavailable as sources of social support? Why do some older people with a daughter or son living near by prefer to turn to community services rather than seek support from their own kin? On the issue of providing long-term, comprehensive care for dependent older people, the life stories also show where and how the 'modified extended family' may be vulnerable to the pressures of social change, such as increasing geographic mobility, family breakdown, divorce, and the more extensive involvement in paid employment of women in their middle years.

Fresh ideas

In addition to providing information linking past events and

current support arrangements, the second, qualitative interviews uncovered new material that was not accessible to the more time-structured approach of the earlier survey. For example, questions in the earlier survey specified number of *living* siblings, adjustment to death of a spouse within the past *14 years*, and number of grandchildren still *living at home*. These specifications suppressed certain kinds of background information among the oldest respondents. The older the person, the more likely he or she was, for example, to have lost a sibling, to have been widowed for more than 14 years, or to have offspring in their fifties and even sixties (too old to have children currently living at home). These are specific examples of a wider class of information loss which surveys incur when they try to establish comparability in the life events of respondents selected from heterogeneous populations.

Below are examples of topics that were cast in a different light by the follow-up interview when the constraints of time and having to respond within a structured framework were removed; when the older people could speak freely and at length about things that interested them. The topics selected (siblings and birth order, women's work, grandchildren, and marital dissolution) are all worthy of mention because of the fresh perspectives they provide on the major research interest of the earlier survey, namely 'the vulnerabilities and resources that affect older people's need for health and welfare services'.

Siblings and birth order

A number of the older people in the follow-up study were the last survivors of a numerous progeny. Because the earlier survey inquired only into 'living' brothers and sisters this did not come to light in the first interview. Four respondents were the youngest of seven or more. This affected not only their experience of caring for others; it also affected their experience of being cared for themselves. Being the last of a long line had not only given them multiple exposure to the deaths of a close relative, it had also left them with no siblings to relate to in old age. In contrast, the eldest of a large family was less likely to have lost as many close relatives, and more likely to have a sister or brother to provide company and continuity in his or her later years.

Birth order may also be important as an influence on a person's relations with parents, and on the attachment that develops between parent and child. Three out of the four of those who had been the youngest of large families specifically mentioned being especially pampered and cherished and of being close to their mothers. Because they were living at home when their mothers

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were entering their later years, they were also, perhaps, more aware of the meaning of growing dependency in old age.

Women's work

The design of the earlier survey tended to mask the work histories of older women, for it confined information about work to full-time employment since age 40, and to the occupations (if paid, full-time employment) of father and spouse since the age of 40. This restriction obscured information about the work experience of the respondents' mothers as well as information about their own experience of work. Several women in the follow-up study, for example, had been reared by a mother whose husband had died or deserted the family when the respondent was still very young. As we have seen, Mrs Flemming's mother raised a family of nine by working as a midwife; Mrs Parsons's mother owned and managed a thriving wine and grocery business. Both women mentioned their mothers as having been crucial role models contributing to their own independence and self-sufficiency in old age.

By limiting questions about employment, the Ageing Project survey by-passed the work experience of older married women respondents in two important respects; it left out full-time work before marriage, and also part-time paid employment in later life. Both are significant aspects of women's life experiences and may affect their adjustment to the process of ageing. Employment outside the home involves a person in experiences — earning an independent income, supporting one's family of origin, forming social relations outside the circle of family members — that are not available to those occupied full-time in 'home duties'. Five of the women in the follow-up study had held part-time jobs in their late sixties and seventies which they claimed had given them enormous pleasure, some income, and a sense of purpose. All, by the way, had undertaken employment despite the protest of their husbands, who by that time were themselves retired. The stories of Mrs Kramer and Mrs Williams in Part 2 suggest that employment experience may affect one's sense of competence and belief in the capacity to negotiate the determination of one's own affairs.

Many women who are now in their late seventies and eighties worked before marriage and quit when they became wives and mothers. They will be among the last old-aged cohorts to have followed this pattern; new cohorts of women entering old-age will have more education and less interruption by family events in the continuity of employment. Given the changing balance of

women's work and family roles, the possible impact of this change on the capacity of women to forge strong supportive relations in the home and neighbourhood, it seems especially important now to learn as much as we can from older women with a different kind of life experience.

Finally, a major theme in social gerontology concerns the effect of middle-aged women's labour force participation on their time, energy, and willingness to look after a frail parent (Brody, 1981: 471-479, Rowland, 1983; Kinnear and Graycar, 1982). The qualitative interviews show that some of the older generation of women had experienced many of the same conflicts between the demands of work and care of an aged relative that their middle-aged daughters encounter today. Mrs Perkins twice resigned her job as a clerk selling shoes in a large department store so that she could tend to her dying father and then to her terminally-ill mother. Mrs Flemming found herself locked out of her own house by a confused father-in-law if she returned home from work without informing the old man well in advance. We need to broaden the definition of work if we are to learn what this older generation of women experienced, and how their work histories influenced their attitudes toward their daughters' employment and their expectations about their daughters' support.

Grandchildren

The follow-up interviews contain abundant evidence of the importance of grandchildren as sources of moral support and interest in the future. In the Ageing Project survey grandchildren were listed in the social support matrix only if they were still living with the respondent's adult children. In other parts of the survey respondents could nominate grandchildren as people to whom they were particularly close, as persons with whom the respondent had exchanged visits, or as persons involved with the respondent in an exchange of help of some kind. This would seem a fairly complete coverage. But in the second, more open-ended interviews, grandchildren figured more prominently than one would expect from information in the earlier survey schedules: as sources of pleasure, company and pride, and as benchmarks of social change. In regard to the latter, old people in the second interview frequently made comparisons between the start they gave their own children and the way their grandchildren were being raised; they noted differences in feeding of infants, schooling, relations with teachers, homework, discipline, courtship, parental supervision and smoking and drinking. A number of the women commented that they were glad they were not mothers

Don Wynn

raising children today because the choices open to young people were more complex, and the controls parents exercised over children had become diluted:

Mrs Morley: *I wouldn't like to be raising a family now, to be truthful. There's drugs, there's beer and there's smoking and they're all doing those things. And what are they doing? Ruining their lives, young girls now. They're having children before marriage and all that sort of thing — no, I wouldn't like to rear a family now.*

In this house — ten o'clock of a night! He was very strict, my husband. If they weren't here, he'd go down to Coronation Hall. And the band boy, he used to say, 'Patsy, your father's at the door'. He'd bring her home!

Alice Day: *So you always knew where they were?*

Mrs Morley: *My word we did!*

Especially in the case of the oldest respondents in the Ageing Project survey (those in their late seventies or more), omitting from the social support matrix grandchildren who were not currently living with the respondents' adult children may have excluded the very ones with whom the older people felt the closest bonds — the oldest, and as such, likely to have lived away from the parents' home for many years. The follow-up interviews showed that often the favourite grandchild was the oldest — the first to come along, the one the older person (when he or she was younger and more fit) had spent time with and cared for. This special place held by the oldest grandchild applied to these old people themselves when they were small children. As Mrs Lindsay commented, 'I can remember my grandparents. I was the first grandchild. I was very spoiled'.

References to great-grandchildren scarcely appeared in the earlier survey, but they cropped up quite often in the second visit. The importance of grandchildren and great-grandchildren to the morale of very old people might be fruitfully explored in terms of the theory of 'symbolic immortality' (Lifton, 1976:32) which argues that the sense of living on through and in one's sons and daughters and their sons and daughters satisfies the deep need for a sense of continuity after death. The event that moved Mr Forbes most deeply in talking about his life was not the death a year

before of his wife who was ill, suffering and ready to go, but the loss of his oldest grandson, aged 21, on a skiing trip. Mr Forbes attributed his wife's own death to the shock of learning the news about this devastating, unexpected loss.

Marital dissolution

The life stories suggest that the earlier survey's point of 10 to 14 years for asking respondents about their adjustment to marital dissolution may have underestimated the lasting trauma of having to break faith with the partner of one's choice. Mrs Ford, aged 89, in good health and living on her own on the third floor of a privately-rented walk-up flat, opened our interview with, 'Well, there's one thing I won't talk to you about — that's me marriage!' Almost seventy years ago, on the rebound from losing her lover in World War I, she had married 'an older man who was kind to me' and within a year was separated and the mother of a baby son. After recovering from what she described as a 'mental breakdown', she had left her infant son in the care of a woman with a small child of her own and 'gone out to business' full-time. Work, she claimed, had been the centre of her life, the place where she had met people she cared about, and the part of life that gave her the most satisfaction. A broken marriage and entering full-time employment at age 19 had meant that she had been independent and self-supporting for some seven decades. In old age, she remained that way, but the disastrous marital relationship still stung, and was a prominent factor in shaping the way she was living now.

Summary

These few examples illustrate the fresh ideas that life stories can contribute to the circumstances affecting the health and well-being of older people. While it is beyond the scope of survey research to trace idiosyncratic living arrangements back to their origins in people's lives, the deeper glimpses into the past made possible by qualitative methods can be integrated with survey research findings to yield a broader perspective on the complex skein of events that affect people's experience of ageing (Rosenmayr, 1981:29-48).

3 Substantive Contributions

General themes

The life stories deepen understanding of a number of general themes arising from the Ageing Project survey data: the significant association between gender and living arrangements, the importance of home tenure to negotiations between the aged and their children, the meanings which aged parents attach to the 'availability' of children, and the calculations that enter into older people's preferences for long-term custodial care.

But the life stories do more than enhance the descriptive material on which to base our understanding of older people's social relations. They also extend the perspectives on which to build more effective policies for the aged. Insights from the life stories into, for example, the effects of the passage of time on family relations and exchanges of support have important implications for assumptions underlying policy development. They suggest that care-giving relationships between old people and their families are fluid and precarious, not static and stable. The support systems of the aged are, in fact, subject both to the vagaries of the social and economic climate in the society at large, and to the kaleidoscope of life transitions among members of their own families. Thus, in thinking about policies for the aged, it is essential to take account both of general patterns of family relations distributed across the whole aged population, and of the diversity of situations found among individuals at different stages in the later years. Only a combination of the two approaches can incorporate the flexibility necessary to assess need in a particular family situation, and to deliver service appropriate to a particular time and place.

Key findings about expectations for future care

The key findings in this qualitative study of older people's attitudes toward family support are summarized in Table 7. The data are from the typology of expectations about future care described in Part 4.

Table 7 outlines the relation between older persons' expectations about long-term care arrangements, the number and gender of children they have living close by (i.e. within eight km), and their perceptions of whether or not they can (or are willing to) count on the help of their daughter(s) or son(s) in the event that

Table 7 Attitudes towards care, by availability of children

Orientation	*Preferred care arrangements*	*Number and gender of children living within 8 kms*		*Perceived availability of children*
		daughters	*sons*	
1 *Planners*				
Mrs Ellis	Move into institution	3	2	Available, but help not wanted
Mrs Smart			2	
Mrs Williams		nil		(no children)
Mr Gregory	Move in with children		1	Available
Mr McMahon	Move into institution	nil		(children out of State)
2 *Procrastinators*				
Mrs Andrews			1	Not available
Mrs Lindsay			1	
Mr Fielding		nil		(stepson only)
Mr Forbes	Stay at home with outside help	1	1	Available, but help not wanted
Mr Graham		nil		(no children)
Mr Henderson		1		Uncertain
Mr O'Leary		nil		(no children)
3 *Fatalists*				
Mrs Parsons		nil		(children out of State)
Mrs Perkins		1		Not available
Mr Grant	Stay at home with outside help	1	2	Available, but help not wanted
Mr Sherman			1	Uncertain
Mr Skinner		1	1	
4 *Counters on Family Support*				
Mrs Finlayson	Move in with children	2		Available
Mrs Flemming		1		
Mrs Ford			1	
Mrs Hermann		2		
Mrs Kramer		1	1	
Mrs Morley		5		

Note: To ensure confidentiality for respondents and their families, all names are fictitious.

they can no longer manage on their own. The table highlights the following points.

1. Many old people are reluctant to ask their children to help, even if they live close by. Only seven of the 23 interviewed had children they felt they could count on to provide long-term care. The others had no living children, or none living close by, or, for a variety of reasons, did not feel that they wanted to ask their daughter or son for help. Too often, middle-aged children themselves are struggling with employment, family break-up, and keeping a family together; to avoid the possibility of creating further family disorder, old people will often refrain from asking for help they sorely need.
2. Having a child 'available' in a demographic and geographic sense does not necessarily mean that old people will want to rely on them for support, or that exchange of help will flow smoothly between the generations. Seventeen respondents had at least one daughter or son living close by, but ten of these did not define their adult children as available 'at the moment' to give them comprehensive help with daily activities. To assess the adequacy of family resources, we need to do more than merely count numbers of children or measure the distance parents and children live from each other.
3. Those most vulnerable to loss of control because they had least faith that they could influence the course of future events (the 'Procrastinators' and the 'Fatalists'), were also those least certain that they could count on their children for support. Among the 12 people defined as having 'procrastinating' or 'fatalistic' orientations, four had no children living close by, but even the eight with a daughter or son living within eight km did not feel they could rely on them for long-term, intensive support.

   The source of such uncertainty was by no means the absence of mutual affection or indifference on the part of the children. Rather it stemmed from an assessment based on past family relations, and the older person's interpretation of his or her children's capacity to assume additional responsibilities. From what the older people reported about their children's circumstances, it appears that often their judgement about being a burden was sound. This implies that professionals and community workers would do well to listen to the aged, and respect their perceptions about how well they and their families would be able to handle the trial of coping with increasing dependency.
4. The majority of the children the old people perceived as

'available' to provide custodial care were daughters. Among the seven respondents as 'Counters on Family Support', five were women with at least one daughter. This is true despite the fact that many in this follow-up study had close bonds with their sons. Given what appears to be a secular decline in family size, this does not argue (as some would have it) for producing more girls, but rather for building up the nurturing roles and care-giving capacities of boys and men.

4 Conclusions

Questions unexplored

The people in this study have many more stories to tell. The material in their life reviews can be translated into many different themes to increase understanding of the meaning of ageing in Australian society. With these life stories, the limiting factor is not the richness of the material, but rather our capacities to listen and learn from what is being said, and our willingness to act upon the messages imparted.

One important area only touched on here is the negotiations people engage in throughout their lives to build a base of support they can rely upon when their turn comes to need substantial care. Another is the effect the physical setting in which older people live can have on the kinds of help they need and the kinds of support that are readily at hand. The physical setting includes housing type, availability of services, location with respect to amenities (shops, recreation areas, public transport), and distance from, and access to, neighbours and friends. The old people in this study all lived within a large metropolitan area: would their attitudes towards family support have been different had they been living in small cities or in country towns?

Finally, we have said little about the impact of income or occupational background on the meanings these older people attach to help-seeking and relations with their families. This is not from want of diversity: the financial resources and pre-retirement occupations of people in this study varied from skilled labourer to executive in a large firm. However, evidence from the life stories is inconclusive as to the possible effects of such differences on these older people's attitudes towards being able to manage or on their expectations about future care.

Strengths and limits of family support

Overall, a major lesson I draw from these life reviews is the importance of three basic elements in the social setting of older people: affective support, opportunities to feel useful, and small contributions of instrumental assistance from a variety of different sources. The universal insistence of people in this study — 'we can manage' — refers to their ability to cope with such day-to-day requirements as cooking, shopping, and home maintenance. Very old and frail men and women can somehow 'manage' these by relying on their own strong competencies, resilience, and determination to prevail. In order to prevail, how-

ever, they need a little regular help from their families, friends and neighbours. The life stories suggest that to avoid becoming a 'burden' on any one source of informal support older people will spread requests for help with small, occasional tasks (such as threading a needle if one is going blind, or asking neighbours to deliver heavy groceries if one is looking after a paralyzed wife). These small kinds of assistance with specific daily needs seem almost too trivial to older people to mention in a survey, but in the in-depth, follow-up interviews they emerge as highly significant to maintaining an independent household. What is needed, however, is neighbours, friends or a child living close by to call in frequently to do what needs to be done. The older people in this study seemed loath to ask for help, but willing to accept it if offered. This kind of service is most vulnerable to the in-roads of social change — geographic mobility, occupational pressures, family break-up and the pace of activity in urban, industrialized society.

What older people can not 'manage' is the feeling of being unneeded and unappreciated. The people in this study who felt the least discontinuity between the persons they had once been and the persons they had become, were those who believed they were as useful now as they had been in the past. Many of these were providing care to a spouse, family member or friend who they believed counted on their support. However, always in assessing the needs of the aged we need to be wary of ambiguity. Those who may feel most useful — a spouse looking after an ailing partner, or parent caring for a disabled, adult child — may also be the very ones most at risk of jeopardizing their own health and well-being. Older couples and care-givers should be viewed not just in terms of their potential for preventing premature institutionalization but also in terms of the support they need to sustain a reasonable quality of life for themselves rather than simply battling grimly on.

It is too simple to say that, in their need to feel useful and appreciated, the very old are no different from people in any other age group. For the aged *are* different, and the difference between their position and that of younger adults makes it more difficult for the frail aged to gain access to the kinds of activities through which one's sense of being useful is nourished. Two clear ways in which the aged have reduced access to social involvement are their retirement from the paid workforce, and their loss of major responsibility for the care and upbringing of children — for the roles of employer, employee, and parent typically provide built-in access to some kind of social involvement. What this implies is that with the very old (as with people in any position that makes

them relatively more dependent on others to meet their needs — e.g., children and the disabled) satisfaction of affective needs is likely to be more closely linked to the provision of instrumental support than it is for those less dependent on outside help.

In the case of the aged, loss of roles that provide access to companionship, meaning, and purpose requires various compensatory enabling services. These include help with transport to shopping, social events and family visits; occasional, regular respite from looking after a dependent who requires full-time attention; and subsidies for items (often incorrectly defined as 'luxuries') to supplement a budget already stretched to meet subsistence needs (let alone affording anything extra for keeping up standards, recreation or personal enrichment). These are the kinds of services which provide the aged with access to opportunities for social integration and which enable them to continue to make a contribution. Without such services the aged may be isolated, and lacking occasions for personal intimacy and for achieving a sense of self-worth. Many of these amenities can not be provided privately by families, but must depend on the imaginative use of public resources and society willing to take collective responsibility for maintaining an environment suited to people with a diversity of interests, capabilities and needs.

Further, the life reviews show limits to family support: having a child 'available' in a demographic sense does not guarantee that support in old age will be forthcoming in the amount and variety necessary to ensure general well-being. While it may be true that 'More of the old people today have been married, more of them have at least one child, and more children are surviving to their parents' old age' (Kendig and Rowland, 1983:3), the aged today can not always depend on the claims of filial responsibility to shield them from loneliness and the struggle to keep up. The life stories reveal that often middle-aged children have problems of their own, and older people strongly believe that their children should have a chance to live their own lives unencumbered by the additional burden of caring for a dependent parent.

In fact, as life span increases, the line between care-recipients and care-givers may become more blurred, the 'children' of octogenarians being likely to be getting on in years themselves. Mrs Morley's daughters (to give an admittedly extreme example) were aged 68, 65, 62, 59 and 57, respectively. Two had severe health problems of their own. The ageing of the potential care-giving population is another factor affecting the amount and quality of family care available to people of advanced years today.

Finally, whatever the policies adopted to strengthen, reinforce or supplement the support provided old people by their families,

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they will somehow have to take account of the strains on human relations throughout the life course, the pressures on care giving in the economic and social climate of modern life, and the sensibilities of older people themselves. Help may appear abundantly available, but if it does not intersect with old people's needs and desires, *as they themselves define them*, it will fall short of civilizing the later years of life.

Appendices 1 — 4 **Research Instruments**

Appendix 1 Stages in Selection Process

The selection process consisted of three stages. First, respondents 75 years and over were sorted by sex, self-rated health, and type of living arrangement (i.e., lives alone, lives with spouse only, lives with a daughter or son — with or without other family members). Table 8 shows the number and percentage of respondents 75 years and over in these cells in the main survey.

Second, respondents were sorted according to whether they supplied their names for a possible second interview, their location in Sydney, and whether the first interview had been complete.

Third, the individual schedules of old people who were still eligible on the basis of the above criteria were carefully reviewed to select those who appeared from the first interview to be both willing to be interviewed a second time and capable of being so. The rationale for each of these criteria, and their likely influence on the characteristics of the people chosen for a second interview is described below.

Permission to return

Once eligibility had been established on the grounds of age, sex, living arrangements, and self-rated health, a further set of criteria was applied to identify people who would be suitable candidates for a second, more extensive exposure of their lives. Chief among these was the respondent's willingness to provide his or her name and address in anticipation of a second contact. The interviewers recorded names and addresses on a separate card. Eighty-four per cent of those 75 years and over provided this information.

Location in Sydney

Mainly as a matter of convenience, respondents were limited to those living in or near the south-eastern region of Sydney, close to my base of operations at the Social Welfare Research Centre[1]. Although comprising only about half of the total area in the earlier survey, they encompassed the full range of dwelling types, physical environments, and socio-economic settings. They contain 60 per cent of the total sample included in the earlier survey.

Distribution by areas

The distribution of respondents by area is shown in Table 9. The pattern may be largely the result of interviewer effects, for the quality of interviewer observations varied widely among the 34 interviewers employed in the survey. Because I relied heavily on these observations to evaluate willingness and capability to undertake a second interview, there was a tendency to select

Table 8 All respondents aged 75 years and over, by living arrangements and perception of own health: 'Survey of the Aged in Sydney', 1982

*Perception of own Health**	*Women*						*Men*					
	Excellent to good		*Fair to poor*		*Total*		*Excellent to good*		*Fair to poor*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
Lives alone	84	65	46	35	130	100	11	52	10	48	21	100
Lives with spouse only	16	43	20	57	36	100	63	78	18	22	81	100
Lives with S/D and family	30	52	28	48	58	100	6	53	5	47	11	100
Other living arrangements**	(27)	(59)	(19)	(41)	(46)	(100)	(14)	(75)	(5)	(25)	(19)	(100)
Total	157		113		270		94	71	38	29	132	100

* B14: Now, I'd like to ask you some questions about your health. Would you say your overall health is excellent, good, fair, or poor?

** Other living arrangements, i.e., living with spouse and others, lives with siblings, lives with others, were not included in the selection of respondents for the follow-up study.

schedules that contained rich supplementary material to provide clues about the respondent as a communicator. Good interviewer recording certainly accounts for the cluster of old people selected from Areas 5 and 31, and may account for the other disproportionately represented areas as well.

Table 9 Distribution by area: respondents aged 75 years and over selected as suitable for follow-up study

Area number	*Area name*	*Number selected*
1	Leichardt	1
2		
3	Marrickville	1
4		4
5	South Sydney	8
6		1
7	Waverley	3
8		3
9	Woollahra	2
10		6
11	Ashfield	7
12		2
13	North Sydney	2
14		1
15	Willoughby	
16		2
17	Randwick	1
18		1
19	Burwood	
20		3
21	Botany	3
22		2
23	Canterbury	1
24		4
25	Hurstville	2
26		3
27	Kogarah	
28		1
29	Rockdale	5
30		1
31	Ku-Ring-Gai	6
32		
Total		76

In considering ways to improve the integration of field and survey methods, it is worth noting that the quality of rapport established in the first interview has been found to be a major determinant of success in making future contacts (Freedman, and others, 1980:89). 'Rapport', of course, is an elusive quality. It is not wholly determined by interviewer skills, but is a function of a relationship between two people in which the respondent's attitude to the task is also very important. Be that as it may, the old people I re-visited almost uniformly referred warmly to 'that other lady who was here'.

Full interviews

I selected only those respondents who had completed the full survey interview. The 65 people with summary or proxy interviews were excluded on two grounds: first, for a variety of reasons, they indicated less capacity to handle the interview situation and, second, the abbreviated material in their interview schedules was less useful as a guide in conducting the follow-up interview. In practice, this meant, among other things, the exclusion of most respondents for whom English was a second language.

Willingness and capability

A final basis for selecting respondents was evidence from the survey schedules that they would be willing and able to undertake a second, more searching review of their life situation. In making this evaluation, I reviewed 131 individual schedules, relying in particular on the interviewers' observations (Appendix 4), their marginal notes, and the general profile of responses. I also drew on the experience I gained from the ten interviews I myself conducted in the earlier survey, and from monitoring the work of five other interviewers.

Of the 131 individuals whose schedules I reviewed, 76 were judged suitable for attempting a second contact. Listed below are the reasons for rejecting the remaining 55:

N	*Reason*
7	Anxious and suspicious (fear of the stranger)
17	Tired and confused
3	Arrived in Australia after 1970
7	Physical disability severe enough to interfere with communication (e.g., deafness)
7	Uncooperative (e.g., aggressive, sceptical to the point of disrupting communication)

N	*Reason*
4	Refused to answer a number of questions (suggesting reluctance to participate in an in-depth interview)
2	Anticipated moving out of the neighbourhood
2	Severe family disruption (e.g., where a daughter, the primary carer, was found on a second call to have suffered a stroke)
6	Miscellaneous (e.g., some parts of schedule not entirely clear)
55	**Total**

In the end, this selection process produced 76 people 75 years of age and over distributed as follows according to living arrangements:

	Women	*Men*	*Total*
Lives alone	31	8	39
Lives with spouse	7	19	26
Lives with daughter or son	7	4	11
Total	46	31	76

The distribution again highlights the marked gender differences in the operation of demographic and social probabilities in the later years of the life course.

Appendix 2 Making Contact and Preparing Interviews

Letter and telephone contact

Initial contact requesting a second interview was made by letter. Letters were sent from Sydney in five small mailings[2], timed to permit me to make a follow-up telephone call for purposes of scheduling an appointment, within one or at most two days after the respondent had received the letter[3].

The letter was important in obtaining cooperation. In the three instances where my telephone call preceded receipt of the letter, the respondent refused to participate a second time. The reasons for refusal were similar to those in the earlier survey — too ill, confusion as to what it was all about, not having anything interesting to contribute[4], too busy, etc. People living in families were the most difficult to reach. Of the nine I telephoned for a second visit who were living with a daughter or son, I was able to re-interview only three. In the follow-up study, as in the earlier survey, there appeared to be strong evidence of the operation of a kind of 'family filter': the family member with whom the older person lived refused to allow that person to be interviewed.

Interview guide

Prior to each interview, I reviewed the respondent's earlier survey schedule — looking at health, special family arrangements, use of formal or informal services, discontinuities between past and present circumstances, significant life events, missing data, inconsistencies between subjective and objective conditions, and current arrangements for care. (All had had some experience with having to rely on formal or informal support.) On the basis of such detailed information, I then prepared a separate interview guide for each respondent. This followed a generally chronological line of questioning starting from recollections of family relationships in childhood and moving through significant events in adulthood to anticipation of possible change in current support arrangements, (Appendix 3). However, this was literally just a guide. Essentially the old people conducted the interviews themselves. For the purposes of this study, I was fully in accord with Bertraux (1981:39) who argues that 'a good interview, and even more so, a good life story is one in which the interviewee *takes over the control of the interview situation* and talks freely'.

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5 April 1982

Dear

When we interviewed you last spring for our survey of older people living in Sydney, you were kind enough to give us your name and say that you would be willing to talk to us again sometime in the future. We would like to extend our thanks to you for volunteering your help and ask your permission to come back to see you in April.

The research you contributed to earlier will be important in developing services that enable older people to live as they choose. We are writing up the findings now, and will send you a summary when they are ready.

Our purpose in requesting a second visit is to gain deeper understanding of the choices and plans that older people want to make for themselves. This second interview will be more informal than the first. We want to know more about your personal views about the situation of older people in Australia. We would also like you to tell us something about your family history, where you grew up, and what members of your family have done for each other over the years - in good times and bad. We do not need exact information, and are only interested in what you yourself remember.

Alice Day, who was an interviewer for the survey, will contact you within the next few weeks to arrange a suitable time. She can answer any questions you may have then. As in the case of the earlier survey, your answers will be kept confidential, and we will respect your right not to answer any questions if you so prefer.

We hope we can count once again on your interest and support. Alice Day is looking forward to talking with you.

Yours sincerely,

Hal L. Kendig
Project Co-ordinator

Appendix 3 Interview Guide

1 Family Background

A *Birth place*
size, how long lived there, early memories.

B *Parents*
where born, where grandparents born, parents' care of grandparents, visiting patterns;

parents' occupations, mother's activities, relationships with mother, father, help done for parents, parents' attitudes toward help.

C *Siblings and household composition*
birth order, shared activities, helping patterns in household, sex differences in relationships with parents among siblings, others living in household.

D *Activities shared with family*
relationships with aunts, uncles, friends, church-going, outings.

E Special recollections about childhood, family relationships, impact of historical events, e.g., World War I.

2 Major Roles and Life Transitions

A *School experiences*
likes, dislikes, special talents, recollections of teachers, age left school, parents' interest in schooling, activities after leaving school, male-female relations, courtship patterns.

B *Employment*
first job — how obtained, who helped, investment in work role, periods of unemployment, if any, help asked for/received.

C *Starting own family*
how and when met spouse, where lived when first married, help getting started, spouse's work, activities, interests, friends and social activities;

children, interest in schooling, expectations for bonds with particular children, leaving home patterns;

special difficulties, hardships;

recollections about historial events, e.g., Depression.

D *Retirement*

3 Current Circumstances

A *Health*
now as compared with five months ago, limitations now as compared with earlier days, feelings about ageing, trouble with boredom, loneliness, feelings about being able to manage on own, food.

B *Use of time*

C *Community activities*
feelings about decline in participation.

D *Networks — friends and neighbours*
patterns of help exchanged among neighbours, feelings about death of friends, meaning of being a survivor.

E *Relations with children and grandchildren*
help exchanged, activities shared, perception of children's attitude to respondent's ageing, bonds with a particular child, who helps, what kind of help, why that person extends a particular service.

4 Evaluation and Looking Ahead

A *Attitude toward present situation*
are needs met, is there need for more or different kind of service, anything you don't have that would improve your situation?

B *Image of older people*
do you feel that older people are not respected, do you think younger people are rude and discourteous (compared with when you were growing up)?

C *Planning for the later years*
on the basis of your experience, what do you think younger people should do to plan for their later years?

D *Anticipation of change in circumstances*
have you thought about/talked to anyone about what you would do if you could no longer manage on your own? if something happened to your spouse so that you could no longer care for him/her? how would you feel about asking for help? how do you feel about living with family, going to a nursing home, ever known any one in a nursing home?

Appendix 4 Interviewer Observations

Pages 51-53 of the interview schedule used for the 'Survey of the Aged in Sydney'[3]

INTERVIEWER OBSERVATIONS

(For completion by interviewer after the interview)

1. Sex

male	1
female	2

2. (*if foreign born*) Ability to speak English?

good	1
fair	2
poor	3
not at all	4

3. Racial origin?

Caucasian	1
Aboriginal	2
Chinese or other Asian	3
Indian	4

other: .....

4. a. Were others present during the interview?

yes	1	
no	2	*GO TO 5*

b. Specify relationships to respondent and whether it affected the interview

relationship	effect	☐☐
_____	_____	
_____	_____	

5. Did respondent tire during the interview?

a lot	1
somewhat	2
just a little	3
not at all	4

6. a. Was there any indication of confusion or problems with memory?

definitely yes	1	
some indication	2	
just a little	3	
not at all	4	*GO TO 7*

b. In what way?

☐☐

_____

_____

7. Summary of living arrangments.

lives alone	01
lives with spouse only	02
lives with spouse and others	03
lives with sibling(s)	04
lives with son(s)/daughter(s) only	05
lives with family of son/daughter	06
lives with other persons	07

other: .....

8. Note any 'interesting family arrangements to provide care for social contact to elderly persons, e.g. spending 3 months of the year with each of the 3 children.

_____ ☐☐
_____ ☐☐
_____ ☐☐
_____
_____
_____

9. Any additional comments on the respondent or the interview?

_____ ☐☐
_____ ☐☐
_____ ☐☐
_____
_____
_____
_____

10. Dwelling type

separate house	1
semi-detached house, duplex (attached but separate blocks of land)	2
terrace or row house (attached but separate blocks of land)	3
town house or villa unit (all have ground floor entrances and common block of land)	4
flat or home unit (block of attached dwellings on common block of land)	5
flat on a block also having a house (*granny flat*)	6

other: .....

11. a. number of units on the block of land *(if a flat)*

0-4	1
5-9	2
10-19	3
20-49	4
50 or more	5

b. floor of respondent's dwelling

below ground	1	
ground	2	*GO TO 12*
1st	3	
2nd	4	
3rd	5	
4th	6	
5th-9th	7	
10 or more	8	

c. a lift to the building?

yes	1
no	2

12. Part of an aged person's complex?

yes	1
no	2

13. Boarding or lodging house?

yes	1
no	2

14. Rating of dwelling repair

a. obvious structural problems (cracked or crumbling walls or foundations; crooked walls or floor; rotted exterior wood or window frames; roof, gutters, downpipes, steps or verandah need repair)?

yes	1
no	2

b needs painting?

yes	1
no	2

c. paths or fences need repair?

yes	1
no	2

d. other major problems

_____ ☐☐

_____

15. Appearance of garden

good	1
needs some attention	2
poor	3
no garden	4

16. Land slope of immediate neighbourhood

very hilly	1
some slopes	2
flat	3

17. a. Would the respondent be able to manage on their own without a carer?

definitely yes	1
possibly yes	2
no	3

b. (*if 'possibly yes' or 'no'*) who is the primary carer?

relationship: _____ ☐☐

18. Did the respondent agree to provide his/her name and address?

yes	1
no	2

Notes

[1] Areas 31 and 32, Ku-Ring-Gai, which are northern suburbs, were also included to ensure a full spread of socio-economic residential environments.

[2] I made two field trips: 14 April — 3 May and 21 May — 4 June. Letters were sent as follows: 14 on 14 May, 6 on 20 April, 6 on 26 April, 14 on 22 May, and 5 on 25 May. The refusals and no contacts increased between the first and second trips: 8 out of 26 on the first trip; 6 out of 12 on the second.

[3] A record was kept of the date, time of day, and outcome of all the follow-up telephone calls. Where possible I made a verbatim record of reasons for refusal.

[4] There was a suggestion that sex differences figured in the reasons given for refusal to be interviewed a second time. Several of the women I contacted, but none of the men, refused because they said they were not interested or had nothing further to say. Refusals among men, in contrast, were put down to their being 'too busy' or going out of town: in other cases their wives refused for them. In a study of interviews with 15 old women, Harrison (1982) notes that she had difficulty persuading a number of the respondents to talk to her because they said they were just 'ordinary people' and had nothing to contribute. This may reflect their internalization of the view that a person who has not held a paid job has not been a productive, full-fledged member of society. It supports the observation (Hess, 1980:42-45; Russell, 1981) that some older women downgrade their roles as wives, mothers and carers.

[5] Appendix 4 shows pages 51-53 of the interview schedule used for the 'Survey of the Aged in Sydney'. In selecting people 75 years and over for the follow-up study, Questions 2,4,5,6,8,9 and 17 were particularly useful as a guide to the respondent's willingness and capability to participate in a second interview.

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